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ABSTRACT

To provide for the planning and implementation of a community based, university sponsored, child care information and referral clearinghouse, a doctoral practicum project was undertaken. The primary goal of the project was to provide parents with up-to-date information about the full range of child care and children's services available in Middlesex County, New Jersey. The procedure for start-up and service delivery consisted of: (1) identification of providers; (2) compilation of the data base; (3) outreach and publicity; (4) the referral process; and (5) referral follow-up and evaluation. In the data base on the service providers, names of providers were catalogued and filed under the categories of child care, medical care, and consultants. The Child Care Clearinghouse received 135 requests for referrals during its first six months of operation, 89% of which were for child care. Most requests concerned care for infants and preschoolers. Included are 9 pages of references, 10 appendixes, and 9 tables. (SKC)

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Planning and Implementing A
Community Based Child Care
Information and Referral
Clearinghouse

by

Alicia Cox MacWright

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Planning and Implementing
A Community Based Child Care
Information and Referral
Clearinghouse

by

Alicia Cox MacWright

Cluster 15

Practicum II Proposal Presented to the Ed.D. Program
in Early Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1986

Practicum Approval Sheet

This practicum took place as described.

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January 1985

This practicum report was submitted by Alicia Cox MacWright under the direction of the reviewer listed below. It was submitted to the Ed.D Program in Early Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education in Early Childhood at Nova University.

Approved:

4/20/86
Date of Final Approval
of Report

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Planning and Implementing a Community Based Child Care Information and Referral Clearinghouse, MacWright, Alicia C., 1986: Major Practicum Report, Nova University Ed.D. Program in Early Childhood Descriptors: Clearinghouses/Information Centers/Information Services/Information Networks/Resource Centers/Day Care/Early Childhood Education/Preschool Children/Community Resources/Human Resources/Community Services.

This practicum provided for the planning and implementing of a community based, university sponsored, child care information and referral clearinghouse. The primary goal of the practicum project was to provide parents with up-to-date information about the full range of child care and children's services available in Middlesex County, New Jersey. The delivery of this service had a strong focus and support for parental choice in choosing services that best meet the family's needs. The secondary goal of this practicum project was to collect data to document child care needs, and to give public voice to these needs which might otherwise go unheard.

The procedure for start up and service delivery consisted of five steps: 1) identification of providers; 2) compilation of the data base; 3) outreach and publicity; 4) the referral process; and 4) referral follow-up and evaluation. The data base on the service providers was cataloged and filed under the following service categories: 1) child care; preschools, kindergartens, private academic, camps; 2) medical care; family practice, pediatrics, child psychiatry, pediatric surgery, pedodontics, hospitals, clinics; and 3) consultants; psychologists, educational consultants, child guidance specialists, social service organizations and social workers.

The Child Care Clearinghouse received 135 requests for referrals during the first six months of service delivery; 120 calls (89%) were for child care, 10 calls (7%) were for medical care, and 5 calls (3%) were for consultants. 42 calls (31%) requested care for infants, 25 calls (19%) were for toddlers, 57 calls (42%) were for preschoolers, and 11 calls (8%) were for school aged children.

CHAPTER I
INTRODUCTION

Description of Practicum Setting

The Douglass-Psychology Child-Study Center is a teaching-research-service facility of the Department of Psychology of Rutgers-The State University of New Jersey. The Center is housed in Davison Hall, a classroom, laboratory, and office building on the Douglass Campus of Rutgers in New Brunswick.

The Douglass-Psychology Child-Study Center provides part and full-time day care for children of ages of about 30 months, providing they are toilet trained, up through kindergarten age. The children come from families of both the Rutgers and greater New Brunswick communities. The FTE enrollment is about 40, based on part and full-time attendance of 80 children. The Center is open from 7:30 a.m. to 6:30 p.m., Monday through Friday.

The Center is sponsored by Rutgers University, Douglass College and the University's Department of Psychology to facilitate instruction and research on the behavioral development and on the care and education of young children.

The instructional and research functions include opportunity for observation by students in psychology and other disciplines who are interested in children; training potential day care aides, teachers, and directors; providing experience in the administration of

psychological tests by students in psychology and other disciplines and facilitation of faculty and student research on children's learning and other processes. Children at the Center are expected to participate in these diverse instructional and research activities. Occasionally, the training of students or research require interview or questionnaire response from parents.

The Center provides screening behavioral assessments for children at the Center and others to determine a child's readiness for kindergarten or other educational programs. Such assessments, which are on parents' request, entail a fee over and above the fee for day care.

The Center also informs parents and others on many child-related matters such as alternative sources of care for their children, and where to obtain evaluations of a child's cognitive and social development. Help in planning and operating is also offered to those who want to open centers for the care and education of young children. When arrangements can be made, the Center sponsors nearby family day care homes, particularly those that provide care for infants and toddlers.

The Center staff consists of the director, the supervising teacher, two group teachers, and two or more senior teacher aides. The majority of these are NJ-certified for early education. The

supplementary staff consists of part-time aides and of students. The latter are undergraduate or graduate students in psychology and related disciplines who are there as volunteers or to fulfill laboratory or field work requirements in various courses including child, and developmental psychology.

The minimum ratio is one staff to five or six children. During most of the fall and spring terms the ratio is 1:4.

The supporting staff includes a part-time specialist in assessment of behavioral development in early childhood, a full-time artist to assist in the preparation of instructional and research materials and to provide a program in arts and crafts, consultants on problems and practices in behavior development from the Department of Psychology and elsewhere as needed, and the liaison person for the Department of Psychology.

Rutgers, with over 47,000 students on three campuses in Camden, Newark, and New Brunswick, is one of the major state university systems in the nation. The University is comprised of twenty-four divisions: four are located in Camden, seven in Newark, and thirteen in New Brunswick.

Rutgers has a unique history as a colonial college, a land-grant institution, and a state university. Chartered in 1766 as Queens College, the eighth institution of higher learning to be founded in the colonies before the Revolution, the school opened in New Brunswick in 1771. In 1825 the name of the college changed to

Rutgers to honor a former trustee and Revolutionary War veteran, Colonel Henry Rutgers.

Rutgers College assumed university status in 1924 and legislative acts in 1945 and 1956 designated all its divisions as The State University of New Jersey.

New Brunswick, with a population of about 42,000 is located in Middlesex County. It is approximately 33 miles southwest of New York City. Princeton is 16 miles to the south, Philadelphia about 60 miles, and Washington, DC under two hundred miles southwest. The libraries, theaters, concert hall, museums, galleries, research institutes and other educational, cultural, and recreational resources of the New York-Philadelphia region are easily accessible. Rutgers attracts many distinguished visitors, lecturers, and performing artists not always available to less favorably situated institutions.

Middlesex County, located squarely in the middle of New Jersey, stretches from the Rahway River south to the "elbow" of the Delaware River and from the Raritan Bay on the Atlantic Ocean west to Somerset County. Middlesex County is 319 square miles in size, has 25 municipalities, and includes extensive industrial, office, agricultural and residential areas.

Middlesex County celebrated its 300th birthday in 1983. Established in March of 1683 when the General Assembly of the Province of East Jersey passed an act which created four counties,

Middlesex, Bergen, Essex, and Monmouth. Aside from the Lenni Lenape Indians, the first European settlers in the County were for the most part English and Scottish, many of the former coming from New England and New York during the period from 1665-1683 (County of Middlesex, 1984, p. 1).

Exceptionally fast growth in the post-war era and its continuing development have established Middlesex County as the State's leader in industrial growth and one of the most favored industrial areas on the eastern seaboard. Existing and proposed office buildings will give it more rental office space than any other New Jersey county (County of Middlesex, 1984, p. 4).

The County's largest industry is chemicals, employing 20,300 workers, nearly 24.5 percent of the manufacturing labor force. Johnson and Johnson, E. R. Squibb & Sons, Union Carbide, American Standard, Colgate Palmolive and Chesebrough-Pond's corporations are all based in Middlesex County. Following the chemical-pharmaceutical industry in numbers employed are the machinery industry (6,700), instruments and clocks (6,200), and electrical goods (3,600). These five industries employ about 31.2 percent of the workers engaged in manufacturing. But the predominant area for growth is the non-manufacturing sector. Current employment in this sector includes wholesale and retail trade (67,000), Government (43,000), and services (43,600) (County of Middlesex, 1984, p. 54).

Even with its extensive residential, industrial and office areas, 11 percent of the County is park and forest, 15 percent is devoted to farming and 50 percent of the County's total area is undeveloped (County of Middlesex, 1984, p. 54).

Middlesex County has one of the fastest growing population rates in the State, having a 29.2 percent population growth since 1960. The 1980 census information revealed a population of 595, 893 (533, 974 White, 35,768 Black, 12,275 Asian, 13,322 Other). The median age in the County is 30.6, years, with 34,797 under five years of age, 119,539 five to 17 years, 388, 825 18 to 64 years, and 52,732 over the age of 65. The population density is 1,846.9 people per square mile (Hornor, 1984, p. 586).

As population grows, so must housing. There has been a 27 percent gain in housing units since 1970, including new homes and apartments. The County now has 203,418 units, an average of 628 units per square mile (County of Middlesex, 1984, p. 54).

Declines in the school age population in the last decade are now showing signs of reversing. Serving 94,000 primary and secondary students in 1981-82 were 201 public schools, five vocational-technical schools and 64 parochial and private schools (County of Middlesex, 1984, p. 6).

There are an increasing number of programs and services available for the County's 34,797 preschool aged children and their families. The four telephone directories covering Middlesex County

(and parts of adjacent counties) list 250 preschools and kindergartens, 125 private schools, 90 camps, 190 physicians in family practice, 259 pediatricians, 33 child psychiatrists, 15 pediatric surgeons, 46 pedodontic dentists, 86 hospitals, 418 psychologists, 120 clinics, 79 educational consultants and child guidance specialists, 317 social service organizations, and 52 social workers.

Writer's Role and Responsibilities

The writer's position is director/head teacher of the Douglass-Psychology Child-Study Center, a position that was assumed in September, 1979 after the writer worked two years at the Center as a classroom teacher. Before that, she served for two years as a classroom teacher in a Center of the N.J. Division of Youth and Family Service Center in Mount Holly, NJ.

The director/head teacher's responsibilities include: recruitment, enrollment and scheduling of the children; selection, orientation, supervision and scheduling of staff; on-site supervision of all psychology students enrolled in the course Field Work in Psychology: Care and Education of Young Children (approximately 150 per semester) assigned to the Center; presentation of one 80 minute lecture per week to field work students; curriculum development in consultation with the classroom teachers; ordering of supplies and equipment; and helping to plan the yearly budget.

CHAPTER II

STUDY OF THE PROBLEM

Description of the Problem Situation

Child care arrangements outside the immediate family are common in the United States, where 90 percent of all parents use some form of supplementary care in the rearing of young children (O'Hare, 1980 p7). Given the steady increase in the number of families with working parents and young children, it is obvious that use of supplementary care is on the increase (O'Hare, 1980, p.7). In 1983 46 percent of all mothers of children under age six were in the labor force (Bureau of Labor Statistics, 1984). A high percentage of these working mothers have difficulty making child care arrangements.

Women are still considered the primary caregivers and as such they carry the major responsibility for arranging child care. Public policy directed at women calls for equal opportunity for women in employment, training and education. However it treats women as individuals and fails to take into account that they are also mothers who bear the primary responsibility for the care of young children. (New Jersey Task Force on Child Care, 1983).

Consequently the lack of child care or inadequate child care prohibits women from participating in the very programs established to assist them obtain equal opportunity to employment, training and education (New Jersey Task Force on Child Care, 1983). According to

the U.S. Commission on Civil Rights, there is a direct relationship between the availability of child care and women's access to such opportunities (New Jersey Task Force on Child Care, 1983).

Lack of child care or inadequate child care: keeps women in part-time jobs, most often with low pay and little career mobility; keeps women in jobs for which they are overqualified and prevents them from seeking or taking job promotions or the training necessary for advancement; can conflict with women's ability to perform their work; restricts women's participation in federal employment and training programs; and restricts women from participating in federally supported education programs (New Jersey Task Force on Child Care, 1983).

Dr. Zigler, former director of the Office of Child Development stated that the major problem in locating child care "is the lack of centralized information." He recommends the establishment of "community referral agencies, separate from welfare and other social services that could help refer families to reliable day care providers of various types" (Zigler, 1977 as cited in O'Hare, 1980 p.7).

Even though it may be all too apparent to parents, providers and other local advocates that there are many areas of unmet child care need, these gaps must be documented before an effective case can be presented to the decisionmakers who effect change within the community (O'Hare, p. 10).

A child care information and referral (CCI&R) service is in a position to: document the areas of unmet need; address the quality of existing services; and serve as a communication system to link parents with appropriate openings.

Documentation of the Problem

Statistics can often clarify community need. The 1980 census data for New Jersey families and their children indicated a need for expanded child care services. (New Jersey Task Force on Child Care, 1983).

- In New Jersey there are nearly 1.5 million children under age 14 who could benefit from some type of child care.
- Of those children, the largest group in need of child care services, 900,000 is between the ages of six and 13, and the second largest group, 554,000 is under age six.
- Of the almost 2 million families in the State, nearly 50 percent have children under the age of 17.
- 80 percent of those 2 million are married couples with 1.5 million children.
- 2 percent are one-parent male-headed families with some 40,000 children.
- 18 percent are one-parent female-headed families with some 360,000 children.

- There are more than 500,000 women in the work force with children under 18 and nearly 170,000 families headed solely by women with children under 18.
- Women comprise 43 percent of New Jersey's work force - an increase of 34 percent in 10 years and slightly higher than the national average.
- 39 percent of New Jersey's working mothers have children under age five.
- Of the 700,000 children under 13 who have working mothers, 300,000 are under age six.
- There are slightly more than 100,000 children in New Jersey known to be receiving child care either in child care centers or family day care homes.
- There are approximately 1,500 licensed child care centers in the State, including nursery schools and those sponsored by employers, serving 75,000 children.
- It is estimated that another 25,000 children are served in some 500 unlicensed child care centers such as those operated by religious or fraternal organizations.
- Another 2,000 children are served in 600 family day care homes with trained providers. In addition, the Division of Youth and Family Services of the Department of Human Services placed 1,000 children under protective services in family day care.

- Hundreds of thousands of New Jersey's children are receiving informal care which is unlicensed and unregulated or no supervised care at all. (New Jersey Task Force on Child Care, 1983).

The National Directory of Child Information and Referral Agencies (1984) listed nine CCI&R agencies operating in New Jersey. None of these agencies provided service to Middlesex County. Mr. Koziak of the Middlesex County Board of Social Services, State Department of Human Services confirmed, on January 10, 1985, that there were no agencies in Middlesex County providing CCI&R.

A telephone inquiry on January 10, 1985, to the New Jersey State Wide Women's Referral Central Hotline (800-322-8092) confirmed that they had no CCI&R contacts in Middlesex County.

A telephone inquiry, on January 10, 1985, to the New Jersey Self-Help Clearinghouse (201-625-7101) confirmed that they had no CCI&R contacts in Middlesex County.

A telephone inquiry, on January 10, 1985, to the CCI&R agency serving Union County, New Jersey (an adjacent county) confirmed that they were unaware of any CCI&R services available in Middlesex County.

In an effort to assess the need for CCI&R services in our local area, the 80 families of children enrolled in the Child Study Center's day care program were surveyed in February 1985 (Appendix A). 25 percent of the parents returned the questionnaire, indicating a favorable response to the project. The results, listed in order of

parental preference, indicated the following ten services to be of the highest priority to the parents involved:

- after school programs
- center day care for infants and toddlers
- child art-music-dance-theater participation programs
- child art-music-dance-theater performances
- kindergartens
- summer camps
- library resources - programs
- elementary schools
- parenting skills programs
- parenting support groups.

Analysis of the Causes

The lack of available CCI&R services was most likely caused by the limited nature of federal and state funding programs. Due to the lack of direct government support most CCI&R programs must put together complex funding arrangements involving subcontracts, direct contracts, grants, and several small local sources of funds, many of which are interlocked and involve matching funding. (O'Hare, 1980 p. 11).

In 1980 Herschel Saucier, Acting Commissioner for the Administration for Children, Youth and Families stated that the "expansion of child care information and referral (CCI&R) services throughout the country appears to be an excellent mechanism for

increasing the utilization of both existing child care services and other social services as well. To date, however, relatively little information has been gathered with respect to the operation of CCI&R services" (O'Hare, 1980 p. 3).

O'Hare (1980) feels that interest in CCI&R as a federal policy option emerged in recognition of its potential for addressing many of the issues central to the provision of day care and other social and health services:

1. Access to Services - CCI&R offers a possible means of simplifying access to the proliferating service delivery.
2. Maximizing Utilization of Services - CCI&R services are designed to address the problem of balancing supply and demand. CCI&R has the potential for maximizing the use of existing child care slots in both day care centers and family day care homes.
3. Decategorizing Services - CCI&R represents a potentially viable mechanism for combining the two streams of child care, the subsidized one used primarily by low income groups, and the private one used primarily by the middle class, into one universally accessible child care service system.
4. Parental Choice - CCI&R can increase the choices open to parents, and could enable parents to choose the programs or settings that are most appropriate for their children.

5. Quality of Care - CCI&R might be used as a vehicle for improving the quality of child care by providing parents with information about quality and thereby helping to regulate and upgrade programs through parental selection. CCI&R may also be an effective means of identifying unlicensed and unregistered family day care homes and bringing them into the stream of licensed and registered care.
6. Planning - CCI&R would provide detailed information regarding consumer behavior in seeking services and expressing preferences. This information is needed to develop realistic approaches to planning.
7. Coordination - Since day care consists of such a large number of provider units, the provision of specialized support services must be efficient. CCI&R may provide linking with community resources. (O'Hare, 1980, p. 10)

O'Hare feels that should CCI&R appear to be generally effective and efficient, the federal government might wish to consider different ways of supporting the organizations which supply it. Federal involvement might take the form of; financial support, technical assistance, and regulation (O'Hare, 1980 p. 11).

Relationship of the Problem to the Literature

Hobbs (1980) focuses on child care and parent education as a means of enhancing society's capacity to develop competence and caring for two major reasons. First, he feels we are at a critical point nationally in addressing with sensitivity the needs of our nation's families for support in wise and effective childrearing. Families are now experiencing a need for assistance in effectively meeting the multiple and sometimes conflicting responsibilities inherent in contemporary life. The need of families for community support in gaining the time, energy, resources, and knowledge critical to effective childrearing. His second reason centers around the community and how communities have come to provide a myriad of agencies, both public and private, that make available specialized, supplementary services to families and children. Child care is a problem that is here to stay and families need community support when searching for and selecting services for their children. (Hobbs, 1980, p. 182)

The editors of the CCI&R Issues (Goodwin et al 1984) put together the first National Directory of Child Care Information and Referral Agencies. They included all agencies that offer child care information and referral services to the public in general. They felt the need for a nationwide directory of CCI&R services has been

apparent for quite some time, but now, in the wake of national I&R conferences, proposed federal CCI&R legislation and the possible development of regional CCI&R networks, the need for this type of information is even more obvious.

In light of the changes in family work patterns and relationships, and out of concerns regarding the consequences for children, the Panel on Work, Family and Community was established in 1980 by the Committee on Child Development Research and Public Policy, with support of the National Institute of Education, U.S. Department of Education (Kamerman and Hayes, 1984). The panel carried out a scholarly review of what is known about how changes in parental employment affect children directly or indirectly. The panel's conclusion was that the phenomenon itself is far too complex to identify any simple causal relationship between parental employment and effects on children. Instead of answers they were left instead with a new question, "Which are the characteristics of parents, work, children, schools, and neighborhood that enhance the positive development of children, and which exacerbate or attenuate negative development?" (Kamerman, 1984, p. ix).

Sheila Kamerman, Chairman of the Panel on Work, Family and Community stated that "everything we know suggests that the changes occurring in parental work patterns will not disappear. In some way, a variety of responses will occur in the society, either haphazardly or deliberately" (Kamerman 1984 p. ix).

Bronfenbrenner and Crouter (1984) address the impact of parental work on the functioning of the family in its child-rearing role. They point out that over the past three decades a dramatic change has been taking place in modern industrialized societies, including our own--a change both in objective reality and in social attitudes and expectations. The transformation is reflected most visibly in the rapidly increasing participation of mothers in the labor force--especially mothers of young children. The percentage of mothers with children under three has more than doubled in the last twenty years, rising from 16 percent in 1960 to 44 percent in 1981 (Bronfenbrenner and Crouter, 1984, p. 40). A review of the research on effects of maternal employment on children by Bronfenbrenner and Crouter (1984) revealed that the early research focused on problems of maladjustment (Cummings, 1944; Essig and Morgan, 1946; Glass, 1949; Hand, 1957; Rouman, 1956) and delinquency (Glueck and Glueck, 1934, 1957; Hodgkiss, 1933 as cited in Bronfenbrenner and Crouter, 1982, p. 44). These early studies reported findings in accord with their pessimistic prognoses and all were flawed by methodological errors such as failure to control for social class (Bronfenbrenner and Crouter, 1984, p. 44).

Bronfenbrenner and Crouter (1984) feel that the studies conducted since 1960 document the conclusion that "taken by itself, the fact that a mother works outside the home has no universal predictable effects on the child" however "the age and sex of the

child, the family's position in society, and the nature of the mother's work, do have an effect" (Bronfenbrenner and Crouter, 1984 p. 51). The one single variable having the greatest effect is the sex of the child. Daughters with mothers in the labor force tended to admire their mother more, had a more positive conception of the female role, and were more likely to be independent (Banducci, 1967; Barach, 1972; Below, 1969; Douvan, 1963; Petersen, 1958; Smith, 1969 as cited in Bronfenbrenner and Crouter, 1984, p. 52). None of these trends were apparent for boys. Instead, the mother's working outside the home was associated with lower academic achievement for sons in middle-class but not low-income families (Banducci, 1967; Brown, 1970; Gold and Andres 1978; Gold et al, 1979 as cited in Bronfenbrenner and Crouter, 1982, p. 52). The poor achievement of the middle-class sons may be a result of less effective supervision in areas such as homework supervision, encouraging friendships that foster social behavior, television viewing, bedtime, and other routines (Bronfenbrenner and Crouter, 1984).

Bronfenbrenner and Crouter (1984) make several recommendations for future research on the effects of maternal employment; these recommendations have broad implications for method, theory and public policy. The authors feel that in order to change public policy toward working families with young children more research needs to be conducted taking into consideration the family as a system and the availability of both formal and informal support systems for the

family in such forms as child care, health and social services, and assistance and support (Bronfenbrenner and Crouter, 1984, p. 78).

A number of policy and analysis papers have called for the development of child care information and referral services as one mechanism for assisting families in locating child care arrangements (O'Hare, 1980).

Similar recommendations have been made by: the National Academy of Sciences report, "Toward a National Policy for Children and Families" (1976); by the Carnegie Council on Children in its book All Our Children: The American Family Under Pressure (Keniston 1977); and in the Stanford Research Institute's Report, "Federal Policy for Preschool Services: Assumptions and Evidence" (Larsen 1975). Larsen states that the most pressing problem for individual families may be the lack of thorough and realistic information at the local level about both formal and informal facilities (O'Hare, 1980, p. 7). The Congressional Budget Office in its 1978 report, "Child Care and Preschool: Options for Federal Support," has included child care information and referral as a necessary adjunct to any type of child care voucher program (O'Hare, 1980). It is not only experts and social policy analysts who perceive the need for child care information and referral (CCI&R). When a national survey (Rhodes and Moore, 1975) asked parents to rank-order those program support options for which they would most like to see government funds, they choose, above all others, "a referral system where parents could get

information about screened and qualified people and agencies to provide child care" (O'Hare, 1980, p. 7).

O'Hare (1980) states that even those who oppose any federal involvement in the expansion of day care on the grounds that there is no evidence of unmet need (Larsen, 1975; Woolsey, 1977) or that it is prohibitively expensive (Bruce-Briggs, 1977), are sympathetic to the development of CCI&R as a way to help redress local imbalance of supply and demand and make the existing system work better.

At the present time, the State of California is the only state with explicit federal policy regarding CCI&R. Under innovative child care legislation passed in 1976 (AB 3059), California supports the operation of 31 CCI&R services. Senator Cranston (D-California) made CCI&R services a prominent feature in his Child Care Act of 1979.

BANANAS is one of the 55 child care information and referral services operating in California today. BANANAS coordinates child care and children's services in Alameda County, and receives its core resource and referral funding from the State Department of Education. BANANAS provides services to more than two thousand parents and child care providers each month (Calder and Henry, 1983, p.6).

In addition to providing information on child care options (including family day care, child care centers, before and after school care, babysitters, play groups, shares and co-ops) BANANAS services encompass:

- A vendor program serving approximately 100 children and infants;
- Educational consultation to new child care programs on parenting issues and the upgrading of services;
- Licensing and paralegal consultation to child care workers and family care providers;
- Pre-crisis information, intervention and consultation on child development concerns; e.g. bedwetting, aggression, and sleeping problems;
- Employment referrals to early childhood educators seeking jobs;
- A toy and child care resource lending library;
- Free handouts on issues and ideas about child caring and rearing;
- A bi-monthly newsletter with a current circulation of 10,000.

BANANAS has always believed in listening and responding to the family needs being expressed, even if those needs were beyond the scope of the services currently provided; and in planning for future service to meet those needs. (Calder and Henry, 1983, p. 7). Planning for the implementation of new services however, requires statistical documentation of call concerns. During 1981 BANANAS received 24,431 requests for information, 7,400 were requests for child care referrals and 1,152 were additional calls related to

special services (Calder and Henry, 1983, p. 7). Through such documentation BANANAS was able to identify several areas of unmet needs of organizations and parents.

In a report on child care and the role of local government in the Washington, D.C. area, Maxwell (1982) found that each of the six central jurisdictions (District of Columbia, Alexandria, Virginia counties of Arlington and Fairfax, and Maryland counties of Montgomery and Prince Georges) were being served by government-sponsored CCI&R services. These CCI&R agencies offer varying degrees of assistance to parents, for example, the agency in Alexandria mails parents a set list of licensed day care centers. Fairfax, on the other hand, has computerized its list of day care centers and family day care providers, thus allowing the agency to give parents names of centers and/or providers within a specifically requested geographical area (Maxwell, 1982, p. 28). The number of requests that each agency receives monthly varies considerably, with the Arlington and Prince George's County agencies receiving approximately 300 requests each month, and the Fairfax and Montgomery County agencies receiving approximately 1,000 requests each month (Maxwell, 1982, p. 28).

In conclusion, O'Hare (1980) has stated that the use of CCI&R services not only increases parental access to child care information, but the data suggests that an expansion of CCI&R services could actually improve the quality and availability of child care resources and increase parental access to other child and family related services (O'Hare, 1980, p. 40).

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The primary goal of this practicum project was to provide parents with up to date information about the full range of child care and children's services available in Middlesex County, New Jersey. The delivery of this CCI&R Service had a strong focus and support for parental choice in choosing services that best meet the family's needs.

The secondary goal of this practicum project was to collect data to document child care needs. In her report on CCI&R services to the U.S. Senate Subcommittee on Child and Human Development on November 25, 1977, Patricia Siegel stated that "it is important for CCI&R agencies to document and give public voice to needs that might otherwise go unheard. One of the most serious constraints upon effective legislative decision making is lack of information relevant to the issue under consideration. Preparation and passage of responsible legislation for social services requires current, accurate data about the needs, costs and consumer preferences for such services" (Siegel, 1977, p.5).

The following goals were projected for this practicum:

1. to locate, contact, and collect information on all available resources and services for children in Middlesex County;
2. to categorize and file the information obtained on the available resources and services;
3. to develop a computer data base to store the information collected and to retrieve the information for referral requests;
4. to provide the physical environment (location) for the CCI&R service delivery including:
 - physical space
 - telephone line(s)
 - office equipment
 - computer hard & software
 - personpower
5. to develop a CCI&R delivery system;
6. to promote and advertise the CCI&R Service within the county;
7. to provide for the continual updating of available resources and services;
8. to keep accurate records pertaining to all service requests received;

9. to keep accurate records of all CCI&R Services rendered;
10. to provide referral follow-up.

Measurement of Objectives

Objective 1: Data information sheets (Appendices B, C, D, E & F) were completed on each program/service in Middlesex County listed in the telephone directories under the following headings:

(Child Care)

Pre-schools-Kindergartens

Schools - Elementary Academi

Camps

(Medical Care)

Physicians - Family Practice

Physicians - Pediatrics

Physicians - Child Psychiatry

Surgery - Pediatric

Dentists - Pedodontics

Hospitals - Pediatrics

Clinics

(Consultation)

Psychologists - Child and Family

Educational Consultants and Child Guidance

Social Service Organizations

Social Workers - Family, Child, Marriage and Sex

- Objective 2: Once the data information sheets were completed they were filed under their primary service' category and cross-referenced under secondary services. Services were not evaluated by the clearinghouse.
- Objective 3: A Radio Shack TRS-80, 64K Color Computer, Mini-Disk drive; and CRT monitor were purchased.
- Objective 4: Space was allocated within the Child Study Center to house the CCI&R service. The Child Study Center provided the office equipment, telephone line(s), computer soft and hardware, as well as trained personnel.
- Objective 5: When parents called in for CCI&R services, the information requested was retrieved from the data base and given to the parent over the phone or through the mail following a set service delivery system.
- Objective 6: The Child Study Center advertised the CCI&R service. Publicity consisted of: an announcement letter sent to all service providers; press releases and public service announcements on public cable TV and local radio stations; and advertisement flyers posted on university and community bulletin boards..
- Objective 7: All resources and services listed were contacted at

least once every three months to update the data base files.

Objective 8: Biographical information was collected on each service request before determining whether a referral could be made. This information included; number and age of children, residence location, work location, and services needed (Appendix G).

Evaluation Instruments

Data Sheet on Child Care Providers. (Appendix B). This data sheet is divided into six main categories; description of facility, core child care services provided, food service, eligibility of children, supplementary services, and additional services/programs.

Under the first category, description of facility, information is collected on the name, location, phone number and contact person. Then the "type" of program is identified; private for profit, with chain, franchise, community sponsored, church sponsored, employer sponsored, parent sponsored, college or university sponsored, or agency sponsored. Next funding and subsidies are identified; fixed fee, Title XX, DYFS, sliding fee, head start, AFDC, Welfare, sibling reductions, no fee, other. This is followed by information on days and hours of operation, calendar and licensing.

The second category, core child care services provided, asks the provider to identify the age of the children served and the fee for each age group.

The third category asks the provider to identify the food service/programs available including breakfast, snacks AM-PM, lunch and supper.

The fourth category identifies eligibility requirements of children for admission to the program. The list includes; minimum age, maximum age, toilet training, language requirements, and family employment.

The fifth category identifies all supplementary services offered including; transportation, emergency drop-in, evening care, care of

special needs children, temporary care, emergency weekend care, and sick-child care.

The sixth, and final, category identifies additional services and programs that may be offered including; medical screening, dental screening, preventive health, developmental assessment, parent education, parent support groups, parent counseling, parent resource center, in-service training, social services, job bank, outside provider training, college student training, warm-hot parenting line, and technical assistance.

Data Sheet on Medical Care Providers (Appendix C). This sheet is divided into three main categories; description of office-facility, specialty services offered for children, and primary service-catchment area.

Data Sheet on Dental Care Providers (Appendix D). This data sheet is divided into four main categories; description of office-facility, payment for services, specialty services for children, and emergency services.

Data Sheet for Summer Camps (Appendix E). This data sheet is divided into two major categories; type and enrollment, and description of facilities and programs.

Data Sheet on Social Service Providers (Appendix F). This data sheet is designed to be used for psychological, social work, educational consultants, and speech and language services. The data sheet is divided into three main categories; service and payment arrangements, professional training and specialization, and services offered.

CHAPTER IV
SOLUTION STRATEGY

Description and Evaluation of Possible Solutions

According to the National Directory of Child Care Information and Referral Agencies (1984) CCI&R agencies across the nation provide the following range of services.

Child Care Referrals. Referral to available child care in a given community can be made by phone, personal interview, computer printout, by mail or any combination thereof. Generally, counselling techniques and intake forms are used to help the client determine his or her actual needs. Information to help a parent choose appropriate quality care is often offered as well during the referral process.

Other Referrals. While this is essentially the same process as for child care referrals, these referrals are to other child and family services available in a community. Services could include health services, health screening, child protective services, or family counselling to name but a few.

Toy, Book or Resource Lending Library. These are libraries that are free, or for a small fee, will loan families or child care providers a wide variety of resources and materials

Parent Support Services. Services often include Single Parent or Parent Support Groups, respite child care for emergencies, or

workshops for parents. Parent support services are generally tailored to meet the needs of the community in which they are offered.

Parenting Skills Classes. Parenting classes offer specific skills. Basic components include self-awareness training, discipline strategies, basic child development and specific problem solving.

Needs Assessment/Surveys. Most CCI&R agencies find it important to have a way to determine the need for child care in their service area. This is generally done through some form of survey.

Provider Training. Skills and information can be offered to child care providers through on-going college classes, monthly workshops or resource libraries to name but a few.

Technical Assistance to Providers. Technical assistance differs from provider training in that it generally involves specific problem solving with the provider. While this type of assistance may relate to a curriculum problem or one relating to children in care, the most prevalent issues are licensing, regulatory, and parent/provider concerns.

Employer Sponsored Child Care Services. At a basic level, this type of referral involves the dissemination of information to employees on community child care needs. Referrals sometimes result in a contract for specified services.

Hot/Warm Lines. Hotlines are telephone numbers that a parent can call to receive counselling and referral information in crisis

situations. Hot lines are often available on a 24 hour basis. Warm lines offer parents the opportunity to discuss a wide variety of parenting concerns (i.e. toilet training, discipline problems, sleep habits) before a crisis situation develops.

Computerized Referrals. Computerized referrals are referrals of any type done primarily through the use of computerized information. Computerized referrals are most valuable in larger urban areas, where the amount of information about available child care can be staggering.

Computerized Data Analysis. Computerized data analysis entails using a computer to organize and maintain available data in order to better determine the needs of families and children in a particular community.

Job Bank. Job banks help to connect child care jobs in a community with those who are looking for them. Referrals can be made through computers, filing systems or bulletin boards.

Child Advocacy. CCI&R agencies advocate for children by educating both legislators and the community about child and family related issues. CCIR agencies also help create public awareness of the child care needs in their community. Advocacy can occur on local, state or national levels.

Newsletter. Newsletters are a valuable means of disseminating information to a community. Their format can vary from mimeographed bulletins to a full scale newspaper. Most include information about

CCI&R services, current child and family related issues and information on upcoming events.

Choosing Child Care Information. Many CCI&R agencies offer materials to parents that will help them make more informed choices when selecting child care. This information may be in the form of a brochure, checklist, booklet or even transmitted orally during the referral process.

Service Brochure. Service brochures are published by a particular CCI&R agency that delineate the variety of services offered to the community.

Vendor or Voucher Child Care Programs. Vendor or voucher programs provide subsidized child care in centers and family day care homes throughout a community. Vendor programs pay the provider who delivers the care. Voucher programs pay the parent, who is then responsible for paying the provider.

Child Care Food Programs. Child care food programs reimburse child care providers for part of the money they spend feeding children in their care. Many CCI&R agencies administer the C.C.F.P. for family day care homes in their service area.

Description of the Solution Selected

The Child Study Center implemented a CCI&R clearinghouse that provided referrals to child care and children's services available in Middlesex County for young children and their families.

The procedure for start up and service delivery consisted of five steps:

1. Identification of providers
2. Compilation of data base
3. Outreach and publicity
4. The referral process
5. Referral follow up

The first major step was to locate and survey all resources and services available to young children and their families in Middlesex County. The students (15) enrolled in the Psychology Field Work course 01:830:397:03 each selected a service area from the following list:

(Child Care)

Preschools - Kindergartens

Schools - Elementary Academic

Camps

(Medical Care)

Physicians - Family Practice

Physicians - Pediatrics

Physicians - Child Psychiatry

Surgery - Pediatrics

Dentists - Pedodontics

Hospitals - Pediatrics

Clinics

(Consultation)

Psychologists - Child and Family

Educational Consultants and Child Guidance

Social Service Organizations

Social Workers - Family Child, Marriage and Sex

The students were given a copy of the telephone directory listings for their category. They were then given the following instructions.

1. Mail a provider survey to each service provider listed under your category.
2. Phone each service provider who fails to return the survey within two weeks.
3. Ask them to cooperate in a telephone survey.
4. If they agree, proceed with the survey, completing the data information sheet as you go through the survey.
5. If you have called at an inconvenient time, ask them to suggest a more convenient time for you to call back.
6. If you cannot arrange to call back, tell them you will mail them another survey and ask them to return it.
7. If they do not return the second survey within two weeks call them again and start the procedure over.

The next step was to catalog and organize the data collected during the telephone surveys into a usable system. This system takes into account provider specialization, geographic location, and services rendered. All of this information was placed into the computer data base.

After all of the providers had been identified and the delivery system was in place, it was time to organize the community outreach and publicity. It was time to let the community know about the new service. The clearinghouse wanted to get this information to as many agencies and parents as possible. A letter of announcement was mailed to all of the service providers listed with our CCI&R clearinghouse. The announcement explained the CCI&R services in detail. A public service announcement was then sent to the local TV (cable) station. Press releases were also sent out to newspapers with circulations within the county.

The fourth step consisted of the referral process. Since the outreach and publicity emphasized direct referral services to the parents, the majority of calls were from parents, but the clearinghouse is prepared to receive calls from: providers; outside agencies, seeking referrals for families with whom they are working; and other professionals.

The first step in the referral process is to ask for basic information. After the basic information is collected on the intake form (Appendix G) the CCI&R operator may immediately make a referral, or she may search the data base while the caller waits, or she may call them back, or she may mail the results to them, depending upon the nature of the referral. Once the referral process is complete the parent is urged to call the clearinghouse back if the referrals don't work out.

The fifth and final step is the referral follow-up. Follow up calls are made approximately two weeks after the referral. These calls allow the agency to learn how the referral worked out and if the parent found anything questionable. All outcomes will be noted. Evaluation of the follow up findings will enable us to look for patterns which can tell us where we need to refine services or recruit more providers. Periodic review, analysis and evaluation of the project are essential to maintaining quality service and community and parental support.

Chronology of Significant Steps in
Implementation of Program

February 1985	Surveyed the parents of children attending the Child Study Center to ascertain the level of interest in CCI&R services (Appendix A).
March	Submitted proposal.
April-May	Developed provider data sheets (Appendices B, C, D, E & F) and provider intake form (Appendix G).
	Submitted revisions and additions to proposal.

May The fifteen students enrolled in the Psychology Field Work course 01:830:397:03 selected a provider service area, and mailed provider data sheets (approximately 2,000) to each service provider listed under the selected provider service area in the telephone directory.

May Developed the logo/letterhead (Appendix H) for the Child Care Clearinghouse of Middlesex County.

May 20 A part-time staff member (approximately 25 hours per week) was employed. Her first task was to make telephone contact with each service provider who had failed to return the data information sheet.

June Requests for two telephone lines were submitted to the University, one line for incoming calls to the Clearinghouse, and one for the computer modum.

June Data sheets had been completed on 315 service providers.

July 1 New Jersey Bell Telephone assigned the number 201-932-8550 to the Clearinghouse for the published number.

July 1

Requests were submitted for listings in the New Jersey Bell Telephone Yellow Pages 85/86 under the categories "Social Service Organizations," "Schools-Preschools," and "Day Nurseries-Child Care." Total cost for listings, including bold print and additional line, was \$343.20.

July

Posters, flyers and announcements for the Clearinghouse were developed. (Appendix I).

July 16

A meeting was held with the Administrative Aide to our local congressional representative, Jim Courter, to discuss the Child Care Clearinghouse. This meeting was held in Rep. Courter's office in Washington D.C. Aide Merrick Carey agreed to announce the opening of the Child Care Clearinghouse in Rep. Courter's Newsletter to be distributed to every residence in Middlesex County.

late-July

All information collected on the service providers was organized, categorized and cross-referenced.

Aug. 1 Data information sheets had been completed on 368 service providers.

Aug. Telephone lines were connected.

Aug. A small office was assigned to the Child Care Clearinghouse (in the same building as the Child Study Center) and furnished with the following office equipment:

- desk/chair/lamp
- 4-drawer file cabinet
- 45' x 55' county wall map
- DUOPHONE TAD:112C voice activated, dual cassette, remote control telephone answering system
- Radio Shack TRS-80, 64k Color Computer 2
- Radio Shack TRS-80 Mini-Disk disk drive
- a CRT monitor

Aug. Staff person began to enter data collected on service providers onto computer disks by service category.

Aug. The Child Care Clearinghouse of Middlesex County began to offer CCI&R Services.

Sept. 1 Data information sheets had been completed on 411 providers.

Sept. Start-up announcements were mailed to all providers listed with the Clearinghouse.

Sept. Public service announcement appeared for 14 days on the community bulletin board of the local cable TV station.

Sept. Announcement flyers were distributed to the following:

- married-student housing office (200)
- New Brunswick Public Library (200)
- Edison Public Library (200)
- East Brunswick Public Library (300)
- Metuchen Public Library (200)
- Woodbridge Public Library (200)
- Douglass Women's Center (50)
- Division of Youth and Family Services, New Brunswick District Office (300), Perth Amboy District Office (200), South County District Office (200)

Sept. 30 Rep. Jim Courter announced the Clearinghouse telephone number in his Congressional Newsletter. This newsletter was distributed to every residence in Middlesex County (Appendix J)

Sept. Telephone calls were placed to all of the information and referral service agencies operating in northern New Jersey:

- Apple Pie Inc. (Essex County)
- Bergen County Office for Children
- Children's Services of Morris County
- Community Coordinated Child Care of Union County
- New Jersey State-Wide Women's Referral Service Hotline
- Passaic County Child Care Coordinating Agency

Report of Action Taken

In an effort to ascertain parental attitudes toward child care information and referral services, a survey (Appendix A) was distributed to the 80 families with children enrolled in the day care program of the Douglass Psychology Child Study Center. 25% of the families returned the survey. All of the parents who completed the survey indicated that they felt there was a need for information and referral services on care and education of young children within our county.

The survey asked the parents to identify the programs and resources on which they would like information and referral services. The results are listed below in order of parental preference,

starting with the most frequently requested programs and working down to the least frequently requested.

- after-school
- child art-music-dance-theatre participation
- center day care for infants and toddlers
- kindergarten
- summer camp
- child art-music-dance-theater performances
- library resource
- full day kindergartens
- parenting skills
- parent support groups
- elementary schools
- warm/hot lines on child care
- employer sponsored child care
- nursery school
- family day care homes - infants and toddlers
- developmental-educational assessment
- developmental- educational information
- center day care - preschool age
- family day care - preschool age
- parent-child play groups
- day care - in school
- in-home child care

- medical-dental care
- before school
- psychological services
- preventative health - nutrition
- social services
- job bank
- protective services

The next step was to locate the service providers within the county. The term service provider refers to both practitioners and programs. The service providers were divided into 3 major service categories: (1) child care; (2) medical care; and (3) consultants. The 3 service categories were further divided into the following sub-categories: (1) child care - preschool, private academic, public school, summer camps; (2) medical - family practice, pediatrics, child psychiatry, pediatric surgery, hospital, clinic, pedodontic; and (3) consultants - psychologists, educational, child guidance, social service and social workers. A search of the 4 telephone directories covering Middlesex County disclosed a total of 2,329 service providers under the 16 sub-categories (Table 1).

Data information sheets (Appendicies B, C, D, E and F) were developed and mailed to the 2,000 service providers located in or near the border of Middlesex County. During the first month 315 service providers completed and returned their data information sheets. At this point a part-time staff person was hired. Her first

Table 1:

Number of Service Providers by Category Listed in the Four Telephone Directories for Middlesex County and Adjacent Parts of Surrounding Counties for 1984-85.

Service Category	NB	P/T	MO	PL	TTL
Child Care					
Preschool/Kindergarten	102	62	53	41	258
Private Academic	54	34	19	29	136
Public School	58	33	124	70	285
Camps	34	18	24	16	92
Medical Care					
Family Practice	83	29	30	28	170
Pediatrics	106	49	47	42	244
Child Psychiatry	10	10	6	10	36
Pediatric Surgery	3	3	3	4	13
Hospital	27	19	16	16	78
Clinic	53	29	23	21	126
Pedodontic	15	8	14	9	46
Consultants					
Psychologists	149	87	77	82	395
Educational	11	26	6	9	52
Child Guidance	7	11	8	3	29
Social Services Organizations	117	89	59	52	317
Social Workers	22	8	15	7	52
Directory Total	851	515	524	439	2329

Note:

- NB = New Brunswick, Woodbridge, Perth Amboy and vicinity in Middlesex County; some Somerset County
 P/T = Princeton/Trenton and vicinity in Mercer County
 MO = Monmouth area including Freehold in Monmouth County
 PL = Plainfield, Somerville and vicinity in Union County and parts of Somerset County

undertaking was to make telephone contact with each service provider who had failed to return the data information sheet which had been mailed to them. In many cases telephone contact was difficult to accomplish due to the busy schedules of the service providers. Once telephone contact was made, the providers had to be recruited, or in other words, convinced to join the program by providing the substantial amount of information necessary to complete the data information sheet. This turned out to be a slow and tedious process, as indicated by Table 2.

Physical space was allocated to the Clearinghouse by the Child Study Center in a room adjacent to the Center. This space was furnished with: appropriate office furniture; a county wall map; telephone lines; a voice activated, dual cassette telephone answering machine; a Radio Shack TRS-80, 64K Color Computer 2; a Radio Shack TRS-80 Mini-Disk, disk drive; and a CRT monitor. The space allocated was small but adequate.

In addition to recruiting providers, the staff person began the task of organizing, categorizing and cross-referencing all of the information collected under the appropriate provider sub-categories. This information will be entered into the computer and stored on computer disks.

The Clearinghouse logo and letterhead (Appendix H), as well as the flyers, poster and announcements (Appendix I) were developed on the Radio Shack Color Computer 2, using the Cocomax graphic arts

Table 2 :

Total Number of Service Providers Recruited Each Month
by Service Category

	Service Category				
	CC	MC	CSLT	MON. TTL	RUN. TTL
May	187	50	78	315	315
June	38	0	0	38	353
July	13	2	0	15	368
August	0	0	0	0	368
September	0	43	0	43	411
October	3	0	12	15	426
November	0	18	23	41	467
December	1	9	39	49	516
January	1	14	36	51	567
Category Ttl.	243	136	188		567
% of Total	42.9	24.0	33.1		100.0

Note :

CC = Child Care
 MC = Medical Care
 CSLT = Consultants
 MON. TTL = Monthly Total
 RUN. TTL = Running Total

program. At this point the CCI&R service was deemed physically operational and the publicity phase was begun.

Publicity consisted of: (1) distribution of flyers; (2) public service announcement; and (3) telephone notification to the appropriate local and state offices and agencies. More than 2,000 flyers were distributed to local libraries, the on-campus married student housing office, the Douglass Women's Center, and the three district offices of the Division of Youth and Family Services serving Middlesex County. A public service announcement appeared for 14 days on the community bulletin board broadcast of the local cable television station. An announcement also appeared in Rep. Jim Courter's Congressional Newsletter, which was mailed to every residence in Middlesex County (Appendix J). Telephone calls were made to all of the existing CCI&R agencies operating in Northern New Jersey, and to local social service agencies, to inform them of the start-up of the Child Care Clearinghouse of Middlesex County and to describe the CCI&R service program.

CHAPTER V

RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Results

Analysis of the results occurred in two phases. The first phase occurred after data information sheets had been mailed to each of the 2,000 service providers, which was three months into the program planning stage, and one month prior to service delivery start-up. The results of the data collected on the service providers was then organized into a useable system. The second phase occurred after the service delivery system had been in place for six months. Data was compiled and analyzed from the intake forms on all of the referrals requested during the previous six months.

Phase One: Provider Information. Each provider listed in the four telephone directories covering Middlesex County was mailed a provider data sheet (Table 1). 315 (17%) of the providers completed and returned the data sheets within one month of receipt. Of the 315 providers who responded, 187 (59%) were child care providers, 50 (16%) were medical care providers, and 78 (25%) were consultants. The next step was to make telephone contact with the service providers who had failed to return their provider data sheets. Within eight weeks data information sheets had been completed on an additional 53 providers, 51 (96%) were child care providers Table

2). At this point in time the Child Care Clearinghouse began its CCI&R service delivery. During the three months that followed service delivery start-up, data information sheets were completed on an additional 99 providers, bringing the total number to 467 providers. By the end of the sixth month, data information sheets had been completed on a total of 567 providers, which was 28.3% of the providers originally surveyed. Of the 567 providers; 243 (43%) were child care providers, 136 (24%) were providing medical care services, and 188 (33%) were consultants.

Phase Two: Service Delivery. The Child Care Clearinghouse began CCI&R service delivery in August of 1985 (Table 3). During the month of August the Clearinghouse received 10 requests for referrals to preschool programs (Table 4), 2 were for infants, 4 were for toddlers, and 4 were for preschool aged children.

During the second month of service delivery, September, the Clearinghouse received a total of 32 referral requests, 30 for child care services, 1 for medical care and 1 for a mother and child play group. Of the 30 requests for child care; 10 were for infants, 6 were for toddlers, and 16 were for preschool aged children (Table 5).

The Clearinghouse received 43 calls requesting referrals during the month of October (Table 6). 36 of the 43 requests were for child care services; 17 were for infants, 7 were for toddlers, 12 were for preschools, and 5 were for school aged children. 5 of the 43 requests were for medical services; 3 for pediatric physicians and 2

Table 3 :

Monthly Tabulation of Types of Referrals Requested

	AUG		SEP		OCT		NOV		DEC		JAN		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Age														
I	2	20	10	31	17	40	3	16	4	44	6	27	42	31
T	4	40	6	19	6	14	3	16	2	22	4	18	25	19
P	4	40	16	50	13	30	12	63	2	22	10	45	57	42
S	0	0	0	0	7	16	1	15	1	11	2	9	11	8
Total	10		32		43		19		9		22		135	
Service														
CC	10	100	30	94	36	84	17	90	9	100	18	82	120	89
MD	0	0	1	3	3	7	1	5	0	0	1	5	6	4
DNT	0	0	0	0	2	5	0	0	0	0	0	0	2	1
PSY	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S-H	0	0	0	0	0	0	0	0	0	0	2	9	2	1
ED	0	0	0	0	2	5	0	0	0	0	0	0	2	1
OTH	0	0	1	3	0	0	1	5	0	0	1	5	3	2

Note :

- CC = Child Care
- MD = Medical Care
- DNT = Dental
- PSY = Psychological
- S-H = Speech & Hearing
- ED = Educational
- OTH = Other
- I = Infant 0 - 18 months
- T = Toddler 18 - 30 months
- P = Preschooler 2 1/2 - 5 years
- S = School aged

Table 4 :

Intake Data Collected on Referrals Requested During First Month of Service Delivery = August

ID #	Date	Age				Type of Referral Requested							
		I	T	P	S	CC	MD	DNT	PSY	S/P	ED	OTH	
001	8/8		1			1							
002	8/12	1				1							
003	8/22			1		1							
004	8/24			1		1							
005	8/26		1			1							
006	8/27		1			1							
007	8/27	1				1							
008	8/28			1		1							
009	8/30			1		1							
010	8/30		1			1							
Age Total		2	4	4	0	1							
Referral Total			10			10	0	0	0	0	0	0	
% of Total		20	40	40	0	100							

Note :

- I = Infant 0 - 18 months
- T = Toddler 18 - 30 months
- P = Preschooler 2 1/2 - 5 years
- S = School aged
- CC = Child Care
- MD = Medical Care
- DNT = Dental
- PSY = Psychological
- S/P = Speech & Hearing
- OTH = Other

Table 5 :

Intake Data Collected on Referrals Requested During
Second Month of Service Delivery = September

ID #	Date	Age				Type of Referral Requested							
		I	T	P	S	CC	MD	DNT	PSY	S/P	ED	OTH	
011	9/3	1				1							
012	9/5	1				1							
013	9/5		1			1							
014	9/9	1					1						
015	9/10		1			1							
016	9/10			1		1							
017	9/10			1		1							
018	9/10			1		1							
019	9/16	1				1							
020	9/17			1		1							
021	9/17		1			1							
021	9/17			1		1							
022	9/19			1		1							
023	9/19			1		1							
024	9/19			1		1							
025	9/19			1		1							
026	9/17			1		1							
027	9/18			1		1							
028	9/18			1		1							
029	9/18		1			1							
030	9/18	1										*	
031	9/18			1		1							
032	9/19			1		1							
033	9/24	1				1							
034	9/30	1				1							
035	9/30	1				1							
036	9/30		1			1							
036	9/30			1		1							
037	9/30	1				1							
037	9/30		1			1							
037	9/30			1		1							
038	9/30	1				1							
Referral Ttl.		10	6	16	0	30	1	0	0	0	0	1 32	
% of Total		31	19	50	0	94	3	0	0	0	0	3	

Table 5 (continued)

Note :

* = Mother - Child Play Group
I = Infant 0 - 18 months
T = Toddler 18 - 30 months
P = Preschooler 2 1/2 - 5 years
S = School Aged
CC = Child Care
MD = Medical Care
DNT = Dental
PSY = Psychological
S/P = Speech & Hearing
ED = Educational
OTH = Other

Table 6 :

Intake Data Collected on Referrals Requested During Third
Month of Service Delivery = October

ID #	Date	Age				Type of Referral Requested						
		I	T	P	S	CC	MD	DNT	PSY	S/P	ED	OTH
039	10/3	1				1						
040	10/8			1		1						
041	10/8			1		1						
042	10/8			1			1					
043	10/8				1	1						
043	10/8				1		1					
044	10/8			1		1						
045	10/9	1				1						
045	10/9			1		1						
046	10/14	1				1						
046	10/14		1			1						
047	10/15			1		1						
048	10/15	1				1						
049	10/16		1			1						
050	10/16			1							1	
050	10/16				1						1	
051	10/16			1		1						
052	10/16	1				1						
053	10/16				1			1				
054	10/17			1		1						
055	10/21	1				1						
055	10/21		1			1						
056	10/21	1				1						
057	10/21			1		1						
058	10/22	1				1						
059	10/22	1				1						
060	10/24	1				1						
061	10/24	1				1						
062	10/24	1				1						
062	10/24		1			1						
062	10/24			1		1						
063	10/25	1				1						
063	10/25		1			1						
064	10/25	1				1						
065	10/29				1	1						
066	10/29				1		1					
066	10/29				1			1				
067	10/29		1			1						

Table 6 (continued)

ID #	Date	Age				Type of Referral Requested							
		I	T	P	S	CC	MD	DNT	PSY	S/P	ED	OTH	
068	10/29	1				1							
069	10/29	1				1							
069	10/29			1		1							
070	10/31	1				1							
070	10/31			1		1							
Referral Total		17	6	13	7	36	3	2	0	0	2	0	43
% of Total		40	14	30	16	84	7	5	0	0	5	0	

Note :

I = Infant 0 - 18 months
 T = Toddler 18 - 30 months
 P = Preschooler 2 1/2 - 5 years
 S = School aged
 CC = Child Care
 MD = Medical Care
 DNT = Dental
 PSY = Psychological
 S/P = Speech & Hearing
 ED = Educational
 OTH = Other

for pedodontic care. 2 of the 43 calls were for educational consultants.

During the fourth month of service delivery, November, the Clearinghouse received 19 requests for referrals, bringing the total number of requests received during the first four months to 104. Of the 19 requests received in November, 17 were for child care referrals; 3 were for infants, 3 were for toddlers, 12 were for preschoolers, and 1 was for a schoolaged child. 1 call requested both child care and medical care referrals (Table 7).

The Clearinghouse received 9 requests for child care referrals during the fifth month of service delivery, December. Of the 9 requests 4 were for infants, 2 were for toddlers, 2 were for preschoolers, and 1 was for a schoolaged child (Table 8).

During the sixth month of service delivery, January, the Clearinghouse received a total of 22 requests for referrals. 18 of the requests were for child care services and 3 were for medical care, 6 for infants, 4 for toddlers, 10 for preschoolers, and 2 for school aged children (Table 9).

The Clearinghouse received a total of 135 requests for referrals during its first six months of service delivery. 120 (89%) of the requests were for child care services, 10 (7%) were for medical care, and 5 (3%) were for consultants.

Table 7 :

Intake Data Collected on Referrals Requested During Fourth Month of Service Delivery = November

ID #	Date	Age				Type of Referral Requested							
		I	T	P	S	CC	MD	DNT	PSY	S/P	ED	OTH	
071	11/1			1		1							
072	11/1												*
073	11/1		1			1							
073	11/1			1		1							
074	11/5		1			1							
075	11/6				1	1							
076	11/6			1			1						
077	11/6			1		1							
078	11/6			1		1							
079	11/8			1		1							
080	11/8			1		1							
081	11/8			1		1							
082	11/8			1		1							
083	11/11			1		1							
084	11/11			1		1							
085	11/19	1				1							
085	11/19		1			1							
086	11/20	1				1							
087	11/26	1				1							
088	11/26			1		1							
Ref. Ttl.		3	3	12	1	17	1	0	0	0	0	1	19
% of Ttl.		16	16	63	5	90	5	0	0	0	0	5	

Note :

- * = Nursing Student looking for Placement
- I = Infant 0 - 18 months
- T = Toddler 18 - 30 months
- P = Preschooler 2 1/2 - 5 years
- S = School Aged
- CC = Child Care
- MD = Medical Care
- DNT = Dental
- PSY = Psychological
- S/P = Speech & Hearing
- ED = Educational
- OTH = Other

Table 8 :

Intake Data Collected on referrals requested During Fifth Month of Service Delivery = December

ID #	Date	Age				Type of Referral Requested							
		I	T	P	S	CC	MD	DNT	PSY	S/P	ED	OTH	
089	12/4	1				1							
090	12/5	1				1							
030	12/5		1			1							
090	12/5			1		1							
091	12/10			1		1							
092	12/17	1				1							
093	12/17	1				1							
094	12/18				1	1							
095	12/19		1			1							
Referral Total		4	2	2	1	9	0	0	0	0	0	0	9
% of Total		44	22	22	11	100	0	0	0	0	0	0	

Note :

I = Infant 0 - 18 months
 T = Toddler 18 - 30 months
 P = Preschooler 2 1/2 - 5 years
 S = School aged
 CC = Child Care
 MD = Medical Care
 DNT = Dental
 PSY = Psychological
 S/P = Speech & Hearing
 ED = Educational
 OTH = Other

Table 9 :

Intake Data Collected on Referrals Requested During
Sixth Month of Service Delivery = January

ID #	Date	Age				Type of Referral Requested						
		I	T	P	S	CC	MD	DNT	PSY	S/P	ED	OTH
096	1/2	1				1						
097	1/2		1			1						
098	1/6		1			1						
099	1/7		1			1						
099	1/7			1		1						
100	1/7	1				1						
101	1/9	1				1						
102	1/10			1		1						
103	1/10				1	1						
104	1/13				1	1						
105	1/13		1			1						
106	1/13			1		1						
107	1/14			1			1					
107	1/14			1								1
108	1/14			1		1						
109	1/16			1		1						
110	1/17	1				1						
111	1/23			1						1		
112	1/28	1				1						
113	1/28	1				1						
114	1/28			1		1						
114	1/28			1						1		
Age Total		6	4	10	2							
Referral Total			22			18	1	0	0	2	0	1 22
% of Total		27	18	45	9	82	4.5	0	0	9	0	4.5

Note :

I = Infant 0 - 18 months
 T = Toddler 18 - 30 months
 P = Preschooler 2 1/2 - 5 years
 S = School Aged
 CC = Child Care
 MD = Medical care
 DNT = Dental
 PSY = Psychological
 S/P = Speech & Hearing
 ED = Educational
 OTH = Other

Conclusions and Recommendations

The Child Care Clearinghouse was warmly accepted by the community, as is indicated by the number of inquiries received. The parents repeatedly expressed their gratitude for the assistance provided by the Clearinghouse. Comments such as, "I wish this service had been available when my other children were young," "I have recently relocated to the area and I don't know what I would have done without your help," and "I have been looking for help for weeks, I'm so glad that I finally have the information I need," were commonplace.

Child care is a growth industry in a sector of the economy that is barely keeping pace with inflation (Neugebauer, 1985, p. 16). Data released by the U.S. Bureau of Census reveals that receipts for child care services increased by 85% from 1977 to 1982. It is believed that child care could have grown even more during this five year period if a greater number of facilities had been available to meet the needs of working mothers. If adequate facilities had been available, child care services would have ranked among the Strong Growth Industries during this period (American Demographics, May, 1985 as cited in Neugebauer, 1985, p. 16).

Because the profession is experiencing unprecedented growth, the need to remain informed about a wide range of child care issues has increased dramatically (Zauitkousky, 1985b, p. 50).

It is widely acknowledged that we are in the midst of an information explosion, and it is becoming common to refer to our society as an information society (Henchey, 1985, p. 163). We have shifted from a society based on the production of goods to one based on the creation, processing and distribution of information (Zauitkousky, 1985a, p. 40).

Naisbitt (1984) identifies several indicators of the magnitude of this information explosion:

- Approximately 7,000 scientific articles are written each day;
- The volumes of scientific and technical information is increasing at a rate of 13% each year, which means it doubles nearly every five years. Because of more powerful information systems and the growing number of scientists, data may soon double every 20 months;
- Even now the volume of information is between four and seven times what it was only a few years ago (Naisbitt as cited in Zauitkousky, 1985a, p. 40).

Graves (1985) has stated that our ever-vacillating economy, our ever-advancing technology, and the ever-increasing importance of the role of human services in our society dictate the use of computers in the field of child care information and referral services (Graves, 1985, p.4). Graves also stated that we must evolve into the computer age because even in the smallest information and referral agency, a

computer can begin to play a vital role in whether or not the agency and its services continue to thrive and to benefit others. Economics, technology, and short-and long-term human service needs assessment in communities collectively demand the utilization of computers (Graves, 1985, p.4).

We know that if information is to be of any use it must be organized so it can be retrieved. Computer technology gives us the capacity to structure this deluge of information (Zauitkousky, 1985a, p. 40). It is therefore recommended that CCI&R service providers elicit the use of a computer to ensure that their service delivery is both effective and efficient.

Dissemination

Plans for the dissemination of this report include (1) sharing the abstract with: the local branch of the National Association for the Education of Young Children; professionals in the field of early childhood education and related fields; fellow cluster members in the Nova University Ed.D Program in Early Childhood Education and (2) an article describing the program results to be placed in the Child Study Center's Monthly Parents Newsletter.

Professionals to be sent abstracts include directors of local child care centers, directors of other New Jersey State College and University affiliated child care centers, and Rutgers University faculty members from the Departments of Home Economics, Early Childhood Education, and Psychology.

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APPENDIX A
PARENT SURVEY ON THE NEED FOR
CHILD CARE INFORMATION AND REFERRAL

APPENDIX A

February 1, 1995

DOUGLASS-PSYCHOLOGY CHILD-STUDY CENTER

Davison Hall, Room 23: Alicia Macwright
 Douglass Campus
 Rutgers University
 New Brunswick, NJ 08903

SURVEY ON NEEDS FOR CHILDCARE INFORMATION AND REFERRAL

Please take a minute to fill out this brief questionnaire

The Center is considering an expansion and formalization of our information and referral activities regarding care and education of young children. The target area for such services would be Middlesex County and Franklin Township.

1. Do you, as a parent, believe there is a need for information and referral services on care and education of young children primarily within the above area? YES 20 NO 0
2. If YES, would you please check below all programs and resources on which you would like information and referral services.

<u>11</u> Center daycare: Infants-toddler	<u>5</u> Center daycare: preschool years
<u>7</u> Family daycare homes: Infants-toddlers	<u>5</u> Family daycare: preschool years
<u>8</u> Nursery school (preschoolers)	<u>X</u> Employer-sponsored childcare
<u>11</u> Kindergartens	<u>5</u> Parent-child play groups
<u>4</u> Before-school programs	<u>0</u> "Daycare" kindergartens
<u>4</u> Elementary schools	<u>13</u> After-school programs
<u>11</u> Summer camps	<u>5</u> "Daycare" schools
<u>11</u> Child art-music-dance-theater performances	<u>10</u> Library resources-programs
<u>5</u> Medical-dental screening	<u>12</u> Child art-music-dance-theater participation programs
<u>4</u> Psychological services	<u>5</u> Medical-dental care
<u>7</u> Developmental-educational asses	<u>7</u> Developmental-educational information
<u>5</u> Preventive health-nutrition programs	<u>9</u> Parenting skills
<u>2</u> Social services programs	<u>9</u> Parent-support groups
<u>1</u> Protective services	<u>8</u> Warm/hot lines on childcare
Other: YMCA/YMHA SWIMMING PROGRAMS	<u>2</u> Job bank
	<u>6</u> In-home childcare
	Other: _____

3. Please return this in Alicia MacWright's mailbox (last one on righthand side).

APPENDIX B
DATA SHEET FOR
CHILD CARE PROVIDERS

APPENDIX B

DOUGLASS-PSYCHOLOGY CHILD-STUDY CENTER

Room 23 or 10, Davison Hall
 Douglass Campus
 Rutgers University
 New Brunswick, NJ 08903
 201 932 8881, 9839

DATA SHEET ON CHILDCARE PROVIDERS

Date of Initial Inquiry 1/30 Date of Followup 1 2 3
 Initial inquiry by MWW Followup 1 by
 Followup 2 by Followup 3 by

DESCRIPTION OF FACILITY

Name of Facility ABC Preschool
 Street Address 205 Main Street
 City, Borough, Township New Brunswick Zip 08903
 Phone (201) 555-1200

Type

Private for profit/proprietary ☒ with chain, franchise no yes
 Community-Sponsored
 Church-Sponsored
 Employer Sponsored : Identify Employer
 Parent-Sponsored on off College-University Campus
 If on campus, identify
 College-University Sponsored by what Department, School, or Program:
 Identify
 Sponsored by School District Identify
 Sponsored by Agency of Borough-City-Town Government : Identify
 Sponsored by Agency of County Government : Identify
 Sponsored by Agency of State Government : Identify
 Other: Identify

Funding and Subsidies

 Fixed Fee ☒ Sliding Fee Scholarships
 Title XX Head Start AFDC, Welfare
 DYFUS ☒ Sibling Reductions Free
 Other: Identify

Other Characteristics: Montessori Certified yes no
 Parent Cooperative no yes
 Other: Identify

Contact Person, First Inquiry: Name Miss Smith
 Title Center Director

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Followup 1: Name _____
 Title _____
 Followup 2: Name _____
 Title _____
 Followup 3: Name _____
 Title _____

Open Mon-Fri: from 7 AM to 7 PM Open Sat: from _____ AM to _____ PM
 Open Sun: from _____ AM to _____ PM

Calendar: ☒ All Year Except Legal Holidays _____ School Year
 Other: Specify _____

Licensed by D.Y.F.S.
 for 35 number of children of ages 2 1/2 - 5 years
 License number 00125 expiring on 3/1/87

CORE CHILD-CARE SERVICES PROVIDED

Service Provided	Age/Grade of Children Served							
	0-1	1-2	2 1/2	2 1/2-3	3-5(K)	6-14(1-5)	14 up (HS)	
Nursery School	—	—	—	15	\$ 7	—	—	—
Daycare	—	—	—	20	\$ 12	—	—	—
Elementary School	—	—	—	—	—	—	—	—
Extended Departure or After School	—	—	—	—	—	—	—	—
Early Arrival or Before School	—	—	—	—	—	—	—	—

FOOD SERVICE

Center Provides	Age/Grade of Children Served						
	0-1	1-2	2 1/2	3	3-5(K)	6-14(1-5)	14 up (HS)
Breakfast	—	—	—	20	—	—	—
AM/PM Snacks	—	—	—	35	—	—	—
Lunch	—	—	—	20	—	—	—
Supper	—	—	—	—	—	—	—

ELIGIBILITY OF CHILDREN

Child
 Minimum Age: Specify 2 1/2 yr
 Maximum Age: Specify 5 yr
☒ Toilet Trained
☐ Learning Disabled Only
☐ Speak English
 Other: Specify _____

Family
☐ Parent Employed
☐ Parents in School
☐ Receiving AFDC
☐ Special Needs Family
☐ Income Eligible
 Other: Specify _____

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SUPPLEMENTARY SERVICES (R for Registered Children Only, A for Anyone)

- | | |
|---|---|
| ☒ Transportation | ☐ Drop-in Care |
| ☐ Emergency Drop-in Care | ☐ Temporary Care |
| ☐ Evening Care | ☐ Emergency Weekend Care |
| ☐ Care of Special-Needs Children | ☐ Sick-Child Care |
| ☐ Other: Identify _____ | ☐ Other: Identify _____ |

ADDITIONAL SERVICES, PROGRAMS (R for Registered Children Only, A for Anyone)

- | | |
|--|--|
| ☐ Preventive Health | ☐ Medical Screening |
| ☐ Dental Screening | ☐ Psychological-Educational Screening |
| ☒ Developmental Assessment | ☐ Parent-Support Groups |
| ☒ Parent-Child Programs | ☐ Parent Counseling |
| ☒ Parent Education (Parenting) | ☐ Parent Resource Center |
| ☒ In-House In-Service Training | ☐ Outside Provider Training |
| ☐ HS-Student Training | ☐ College-Student Training |
| ☐ Social Services | ☐ Hot/Not Parenting Line |
| ☐ Job Bank | ☐ Technical Assistance |
| ☐ Other: Identify _____ | ☐ Other: Identify _____ |

Other references under _____

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APPENDIX C
DATA SHEET FOR
MEDICAL CARE PROVIDERS

DOUGLASS PSYCHOLOGY CHILD-STUDY CENTER

Room 23 or 10, Davison Hall
 Douglass Campus
 Rutgers University
 New Brunswick, NJ 08903
 201 932 9839

DATA SHEET FOR "MEDICAL" CARE

(Services by and Through MDs, DOs: Offices to Hospitals)

Date of initial inquiry _____ Date of Followup 1 _____ 2 _____ 3 _____

Initial inquiry by _____ Followup 1 by _____
 Followup 2 by _____ Followup 3 by _____

DESCRIPTION OF OFFICE-FACILITY

Name of person, group, facility, organization _____
 Street address _____
 City, Borough, Township _____
 Phone(s) including area _____

Contact person First inquiry: Name _____
 at office, etc. Title _____

Followup 1: Name _____
 Title _____

Followup 2: Name _____
 Title _____

Followup 3: Name _____
 Title _____

TYPE

Solo or single MD office _____
 Two-person partnership office _____

Group of _____ (number of) MDs: All pediatrics Yes _____ No _____
 If "No," how many Pediatricians _____ Family-General practice _____

Health maintenance organization, eg, RCHP _____
 Number of MDs in pediatric service _____

Pediatric (children's) hospital) _____

General Pediatric Service No _____ Yes _____
 Hospital If "Yes," how many fulltime _____ parttime _____ pediatricians
 Family-Medicine Service covering children No _____ Yes _____
 If "Yes," how many fulltime _____ parttime _____ MDs

Medicare

2

Emergency services-clinic____
 Care for children No__ Yes__
 If "Yes," separate service for children No__ Yes__
 If "Yes" to this, MD(s) on service are pediatricians No__ Yes__
 If "Yes," how many fulltime__parttime__

Community mental health center____
 Care for children No__ Yes__
 If "Yes," separate service for children No__ Yes__

Other(Describe in detail)_____

SPONSORSHIP

Proprietary____ With chain, franchise No__ Yes__
 Corporate name, affiliation_____

Voluntary____ Central or single unit____
 Satellite or subunit, different location____
 Corporate name_____

Municipal____ of what township, borough, city, county____
 Central or single unit____
 Satellite or subunit, different location____

Health maintenance organization____ Central or single unit____
 Satellite or subunit,
 different location____
 Corporate name_____

Community-service, nonprofit organization, eg for retarded, CPs, etc.
 Part of state or national organization No__ Yes__
 If "Yes," which_____

Medical School____ Which____
 Central or single unit____
 Satellite or subunit, different location____

Other(Describe in detail)_____

PAYMENT FOR SERVICES

Fee: fixed____ Fee:sliding____ Fee waiver, eg, indigent____
 If fees, accept check____ credit cards____ other(describe)____
 Medicaid____ Medicare____ Third-party, eg, BS-SC____
 Member prepayment(HMOs) Other(describe)____
 Other(describe)_____

Medicare

3

SPECIALTY SERVICES OFFERED FOR CHILDREN

-MEDICAL

Service	Offices Clinics	Hospitals Out-patient	In-patient
General	—	—	—
Specialty:			
Allergy & immunology	—	—	—
Burn	—	—	—
Cardiology	—	—	—
Dental (DDS)	—	—	—
Dermatology	—	—	—
Diabetes	—	—	—
Endocrinology	—	—	—
Family Practice	—	—	—
Gastroenterology	—	—	—
Gynecology	—	—	—
Hematology	—	—	—
Infectious Diseases	—	—	—
Nephrology	—	—	—
Neurology	—	—	—
Obstetrics	—	—	—
Neonatology	—	—	—
Ophthalmology	—	—	—
Orthopedic	—	—	—
Otorhinolaryngology	—	—	—
Psychiatry	—	—	—
Pulmonary	—	—	—
Radiology	—	—	—
Sleep	—	—	—
Sports medicine	—	—	—
Other, nonsurgical (describe)	—	—	—
_____	—	—	—
_____	—	—	—
_____	—	—	—
Surgery			
General Pediatric	—	—	—
Abdominal	—	—	—
Cardiovascular	—	—	—
Colon & rectal	—	—	—
Ear, nose, & throat	—	—	—
Hand	—	—	—
Head & neck	—	—	—
Ophthalmologic	—	—	—
Oral	—	—	—
Orthopedic	—	—	—
Plastic & reconstructive	—	—	—
Thoracic	—	—	—
Urological	—	—	—
Vascular	—	—	—
Other, surgical (describe)	—	—	—
_____	—	—	—
_____	—	—	—

Medicare

4

RELATED-ALLIED SERVICES

Service	Office Clinic	Hospital Out-patient	In-patient
At-risk infant,			
Child development	—	—	
Developmental Evaluation:			
Behavioral, psychological	—	—	
Educational	—	—	
Hearing	—	—	
Neurological	—	—	
Physical	—	—	
Speech & Language	—	—	
Other(describe below	—	—	
_____	—	—	
Family crisis intervention	—	—	
Nutrition-eating counseling	—	—	
Prevention:			
Alcohol abuse	—	—	
Eating, food abuse	—	—	
Drug abuse	—	—	
Smoking	—	—	
Pregnancy	—	—	
Other(describe below)	—	—	
_____	—	—	
Physical, occupational,			
rehabilitation therapy	—	—	—
Psychotherapy:psychologist	—	—	—
social worker	—	—	—
other(describe)	—	—	—
_____	—	—	—
Other(describe below	—	—	—
_____	—	—	—
_____	—	—	—

PRIMARY SERVICE-CATCHMENT AREA

Please list or describe in detail _____

APPENDIX D
DATA SHEET FOR
DENTAL CARE PROVIDERS

DOUGLASS-PSYCHOLOGY CHILD-STUDY CENTER

Room 23 or 10, Davison Hall
 Douglass Campus
 Rutgers University
 New Brunswick, NJ 08903
 201 932 9339

DATA SHEET FOR DENTAL CARE

Date of initial inquiry _____ Date of Followup 1 _____ 2 _____ 3 _____

Initial inquiry by _____ Followup 1 by _____
 Followup 2 by _____ Followup 3 by _____

DESCRIPTION OF OFFICE-FACILITY

Name of person, group, facility, organization _____
 Street address _____
 City, Borough, Township _____
 Phone(s) including area _____

Contact person First inquiry: Name _____
 at office, etc. Title _____

Followup 1: Name _____
 Title _____

Followup 2: Name _____
 Title _____

Followup 3: Name _____
 Title _____

TYPE

Solo or single dentist's office _____

Two-person partnership office _____

Group of _____ (number of) dentists All pedodontics Yes _____ No _____
 If "No," how many Pedodontists _____ General-Family Dentists _____

If a group, group is unaffiliated _____ affiliated as member of (please
 give name) _____ dental-service
 organization or corporation with main office at _____

Other (Describe in detail) _____

PAYMENT FOR SERVICES

Fee: fixed____ Fee: sliding____ Fee waiver, eg, indigent____
 If fees, accept check____ credit cards____ other describe)____
 Medicaid____ Medicare____ Third-party, eg, BS-8C____
 Member prepayment (HMOs) Other (describe)____
 Other (describe)____

SPECIALTY SERVICES OFFERED FOR CHILDREN

Please check your specialty and, as appropriate, each service that is offered for children.

Specialty	Children
General	_____
Family	_____
Pedodontics	_____
Endodontics	_____
Oral, maxillofacial surgery	_____
Orthodontics	_____
Periodontics	_____
Prosthodontics	_____
Cosmetic	_____
Cranioc-Facial Pain	_____
Other (describe)	_____
_____	_____
_____	_____

EMERGENCY SERVICES

Do you offer emergency dental care No____ Yes____
 If "Yes," please indicate the days and hours below.

Day	24 hr or	_____am to	_____pm
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

APPENDIX E
DATA SHEET FOR
CHILDRENS CAMPS

DOUGLASS-PSYCHOLOGY CHILD-STUDY CENTER

Room 23 or 10, Davison Hall
 Douglass Campus
 Rutgers University
 New Brunswick, NJ 08903
 201 932 9839

DATA SHEET FOR SUMMER CAMPS

Date of initial inquiry _____ Date of Followup 1 _____ 2 _____ 3 _____
 Initial inquiry by _____ Followup 1 by _____
 Followup 2 by _____ Followup 3 by _____

TYPE AND ENROLLMENT

Day _____ Residential _____ Day and residential _____

Open (day/month) _____ to day/month _____

Enrollment for entire period only _____
 for one- _____ two- _____ other (specify) _____ week periods

If day or day and residential, entire day only _____
 half day, too _____

Accept children of ages _____ to _____ years

Nature of program: general, comprehensive _____
 (See requirements, special emphasis, eg, soccer _____
 limitations) special clientele, eg, overweight _____

Any special requirements for admission, eg, overweight (describe) _____

Any limitations on admission, eg, no severely handicapped (describe) _____

FACILITIES-PROGRAMS

SPORTS, GAMES

(No formal instruction means facilities and equipment available, but no set instruction time, instructor, and syllabus; formal instruction means facilities and equipment plus instruction time, instructor(s), and syllabus.)

	no formal instruction ages _____ to _____ years	formal instruction ages _____ to _____ years
Facility-program	_____	_____
Swimming	_____	_____
Diving	_____	_____

Water polo
 Scuba diving
 Water skiing
 Boating, canoeing
 Sailing
 Windsurfing
 Tennis
 Racquetball
 Paddlesball
 Table tennis
 Golf
 Miniature golf
 Soccer
 Field hockey
 Volleyball
 Baseball
 Softball, tee-ball
 Basketball
 Gymnastics
 Archery
 Pool, billiards
 Riding
 Bicycling
 Marksmanship: rifle,
 pistol
 Chess
 Other (describe)

EDUCATIONAL

Facility-Program
 Computer
 Electronics, robotics
 Remedial elementary
 school math
 Remedial secondary
 school math
 Other math (describe)

Elementary school
 science
 Secondary school
 science
 Marine biology
 Other more specific
 science (describe)

Modern foreign
 language

no formal instruction
 ages ___ to ___ years

formal instruction
 ages ___ to ___ years

Study skills
Remedial reading
Other educational
(describe)

ARTS AND CRAFTS

	no formal instruction ages ____ to ____ years		formal instruction ages ____ to ____ years	
Facility-Program				
Graphic arts: drawing, watercolors, etc	_____	_____	_____	_____
Sculpture	_____	_____	_____	_____
Ceramics	_____	_____	_____	_____
Woodworking	_____	_____	_____	_____
Metalworking	_____	_____	_____	_____
Photography: still	_____	_____	_____	_____
Photography: movie, video	_____	_____	_____	_____
Other arts (describe)	_____	_____	_____	_____
_____	_____	_____	_____	_____
Music: instrumental	_____	_____	_____	_____
Music: vocal	_____	_____	_____	_____
Other more specific musical (describe)	_____	_____	_____	_____
_____	_____	_____	_____	_____
Theater-dramatics	_____	_____	_____	_____
Other more specific theater-dramatics (describe)	_____	_____	_____	_____
_____	_____	_____	_____	_____
Dance	_____	_____	_____	_____
Other more specific dance (describe)	_____	_____	_____	_____
_____	_____	_____	_____	_____
Creative writing	_____	_____	_____	_____
Other writing (describe)	_____	_____	_____	_____
_____	_____	_____	_____	_____
Leatherworking	_____	_____	_____	_____
Weaving	_____	_____	_____	_____
Other crafts (describe)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ATTENDANCE, VISITS

Event, Place	Yes	No
Theater	___	___
Concerts	___	___
Opera	___	___
Museums	___	___
Zoos, aquariums	___	___
Other (describe)	___	___
_____	___	___
_____	___	___
_____	___	___

PERSONAL DEVELOPMENT

	no formal instruction ages ___ to ___ years	formal instruction ages ___ to ___ years
Facility-Program		
Weight reduction		___
Other eating problems		___
Survival		___
First aid		___
Life-saving		___
Self-defense: karate, etc.		___
Nature study: birds, etc.	___	___
Backpacking, camping	___	___
Cooking-baking	___	___
Social dancing	___	___
Ethnic culture, awareness (describe)	___	___
Religious awareness	___	___
Other (describe)	___	___
_____	___	___
_____	___	___
_____	___	___
_____	___	___

APPENDIX F
DATA SHEET FOR
SOCIAL WORK, EDUCATIONAL,
SPEECH AND HEARING SERVICES

DOUGLASS-PSYCHOLOGY CHILD-STUDY CENTER

Room 23 or 10, Davison Hall
 Douglass Campus
 Rutgers University
 New Brunswick, NJ 08903
 201 932 9839

DATA SHEET FOR PSYCHOLOGICAL, SOCIAL WORK, EDUCATIONAL,
SPEECH AND LANGUAGE SERVICES

Date of initial inquiry _____ Date of Followup 1 _____ 2 _____ 3 _____

Initial inquiry by _____ Followup 1 by _____
Followup 2 by _____ Followup 3 by _____

SERVICE AND PAYMENT ARRANGEMENTS

Solo or single person office _____

Two-person or partnership office _____

Group of _____ (number of) associates, affiliates

Payment

Fee fixed _____ sliding _____ waiver, eg. indigent _____

If fees, accept personal check _____ credit card(s) _____ other(describe) _____

Third-party(insurance, other) _____ Other(describe) _____

PROFESSIONAL TRAINING AND SPECIALIZATION

PSYCHOLOGISTS

For you (solo), or for each psychologist in your office, group (as appropriate), would you please note:

Name of Person	Highest Degree	Area of Degree	Current Area	Licensure, eg. NJ, ABEPP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SOCIAL WORKERS

For you(solo), or for each social worker in your office, group (as appropriate) would you please note:

Name of Person	Highest Degree	Area of Degree	Current Area	Licensure, Certification
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATIONAL CONSULTANTS

For you (solo), or for each educational consultant in your office, group (as appropriate) would you please note:

Name of Person	Highest Degree	Area of Degree	Current Area	Licensure, Certification
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SPEECH AND LANGUAGE PATHOLOGISTS

For you (solo), or for each speech and language pathologist in your office, group (as appropriate) would you please note:

Name of Person	Highest Degree	Area of degree	Current Area	Licensure, Certification
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER PROFESSIONAL

For you (solo), or for each other professional person in your office, group (as appropriate) would you please note:

Name of Person	Highest Degree	Area of Degree	Current Area	Licensure, Certification
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SERVICES OFFERED

Listed below are many, common problems of early childhood and then of later childhood and adolescence. Please indicate those problems that are dealt with by you or your group by area of involvement: early help, prevention.

awareness; diagnosis, assessment, evaluation; and therapy, remediation, modification. The particular orientations and procedures employed are not requested; the focus here is availability of each of these three kinds of service.

Early childhood is from birth to about six or entry into first grade. Later childhood covers up to 12-14 years. The beginning of adolescence overlaps the latter years.

Behavioral, Psychological Problem	Early Help, Prevention, Awareness	Diagnosis, Assessment, Evaluation	Therapy, Remediation, Modification
Developmental lag in early childhood			
General including learning disabilities	_____	_____	_____
More specific	_____	_____	_____
Speech/language	_____	_____	_____
Gross/fine motor skills	_____	_____	_____
Social behavior	_____	_____	_____
Self-help behavior	_____	_____	_____
Other (describe)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Behavior Problems: in Early Childhood			
General	_____	_____	_____
Eating	_____	_____	_____
Toileting	_____	_____	_____
Enuresis	_____	_____	_____
Sleep disturbances	_____	_____	_____
Tantrums	_____	_____	_____
Lying	_____	_____	_____
Aggression against persons	_____	_____	_____
Destructiveness	_____	_____	_____
Obstinacy, defiance	_____	_____	_____
Thumbsucking	_____	_____	_____
Object attachments	_____	_____	_____
Rocking, headbanging	_____	_____	_____
Toothgrinding, clenching	_____	_____	_____
Fears, phobias	_____	_____	_____
Shyness, withdrawal	_____	_____	_____
Death and dying	_____	_____	_____
Parent(s) leaving temporarily	_____	_____	_____
Parent separation- divorce reactions	_____	_____	_____
Response to neglect	_____	_____	_____
Response to physical abuse	_____	_____	_____
Response to	_____	_____	_____

psychological abuse	—	—	—
Response to sexual abuse	—	—	—
Other(describe)	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
Behavioral, Psychological Problem	Early Help Prevention, Awareness Chld Adol	Diagnosis Assessment Evaluation Chld Adol	Therapy Remediation Modification Chld Adol
Educational and cognitive- intellectual development- achievement in later childhood, adolescence			
General including broad cognitive-intellectual and learning disabilities	— —	— —	— —
More specific			
Reading	— —	— —	— —
Handwriting	— —	— —	— —
Arithmetic(Grades 1-7)	— —	— —	— —
Mathematics(pre-algebra, algebra, geometry, etc)	— —	— —	— —
Spelling	— —	— —	— —
Social studies	— —	— —	— —
Biological sciences	— —	— —	— —
Physical sciences	— —	— —	— —
Writing(composition)	— —	— —	— —
Speech:			
Stuttering	— —	— —	— —
Other	— —	— —	— —
Other(describe)	— —	— —	— —
—	— —	— —	— —
—	— —	— —	— —
—	— —	— —	— —
Educational, career guidance, counseling			
Elementary grades	— —	— —	— —
For high school entry	— —	— —	— —
Secondary grades	— —	— —	— —
For post-secondary education, employment	— —	— —	— —
Behavior Problems in Later Childhood, Adolescence			
General	— —	— —	— —
More specific			
Eating			
Overweight	— —	— —	— —
Bulimia	— —	— —	— —
Anorexia	— —	— —	— —
Food "perversions"	— —	— —	— —

Food aversions	_____	_____	_____	_____
Other(describe)	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sleep disturbances	_____	_____	_____	_____
Lying	_____	_____	_____	_____
Tantrums	_____	_____	_____	_____
Aggression against persons	_____	_____	_____	_____
Destructiveness	_____	_____	_____	_____
Obstinacy, defiance	_____	_____	_____	_____
Delinquency	_____	_____	_____	_____
Abuse of	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Other substances	_____	_____	_____	_____
Tobacco(smoking, etc)	_____	_____	_____	_____
Shyness, withdrawal	_____	_____	_____	_____
Depression	_____	_____	_____	_____
Suicide	_____	_____	_____	_____
Truancy	_____	_____	_____	_____
Premature withdrawal	_____	_____	_____	_____
from school	_____	_____	_____	_____
Reactions to parent	_____	_____	_____	_____
separation, divorce	_____	_____	_____	_____
Stress and anxiety	_____	_____	_____	_____
Self-esteem	_____	_____	_____	_____
Fears, phobias	_____	_____	_____	_____
Response to neglect	_____	_____	_____	_____
Response to	_____	_____	_____	_____
psychological abuse	_____	_____	_____	_____
Response to physical abuse	_____	_____	_____	_____
Response to sexual abuse	_____	_____	_____	_____
Precocious sexuality	_____	_____	_____	_____
Pregnancy, abortion	_____	_____	_____	_____
Running away	_____	_____	_____	_____
Rejection of parent	_____	_____	_____	_____
culture, religion,	_____	_____	_____	_____
values	_____	_____	_____	_____
Severe behavioral,	_____	_____	_____	_____
psychological disorders	_____	_____	_____	_____
Other(describe)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Please note here any other	_____	_____	_____	_____
problems not already covered	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPENDIX G
CHILD CARE INFORMATION
AND REFERRAL INTAKE FORM

CHILD CARE CLEARINGHOUSE

INFORMATION & REFERRAL SERVICES OF
MIDDLESEX COUNTY

CCC: Child Care Clearinghouse

Douglass-Psychology Child-Study Center
Douglass Campus, Davison Hall, Room 10
Rutgers University
New Brunswick, NJ 08903
201 247 2757, 932 8881

INTAKE SHEET: INITIAL INFORMATION

Date 2/16/86 Time 2:40 am (pm) Running Identification Number 321
(Enter on Each Separate Sheet)

Call Received By (Print, Last Name First) Martin, Jane

Name (Print as Spelled, Last Name First) Davis, Mary

Street Address 20 Elmwood Drive Apartment Number _____
Town East Brunswick Zip 08816 Home Phone (201) 555-1201

Work Address AT&T Work Phone (201) 555-6000

Department or Unit New Brunswick

Services for Which Desire Information, Referral: For Whom, What

Was Necessary	Name, Printed	Age	Sex	CC	MD	DNT	PSY	S-H	ED	SC	SPP	OTH: Specify
	Carol	2 yrs	(E) M	X								
	Peter	6 mo	F (M)	X								
			F M									
			F M									
			F M									

CC: Child Care
PSY: Psychological
SC: Summer Camp

MD: Medical
S-P: Speech, Hearing
SPP: Special Programs

DNT: Dental
ED: Educational
OTH: Other

Initial Disposition: What Was Promised: When: and How Done, When

What for Whom	When	How Done-When
Ref: Learn & Play - Somerset	2/16	(P) L
First Class - Piscataway	2/16	(P) L
		P L
		P L
		P L
		P L

(P): Phone Call(s) L: Letter(s)

Add Additional Sheets as Needed, Being Sure to Enter the Identification Number Above and to Circle the Sheet Number Below

1 2 3 4 5 6 7 8 9 10 Add as Needed

CHILDCARE

7

**CHILD
CARE
CLEARINGHOUSE**

INFORMATION & REFERRAL SERVICES OF
MIDDLESEX COUNTY

INTAKE SHEET:

CC: Child Care

Running Identification Number _____
(Enter on Each Separate Sheet)

CORE CHILDCARE SERVICES	SUPPLEMENTARY SERVICES NEEDED
☐ Nursery School	☐ Drop-in Care
☐ Infant-Toddler	☐ Temporary Care
☐ Daycare	☐ Emergency Weekend Care
☐ Family Day Care	☐ Sick-Child Care
☐ Elementary School (Private)	☐ Transportation
☐ Full day Kindergarten	☐ Emergency Drop-in Care
☐ Extended Departure or After School	☐ Evening Care
☐ Early Arrival or Before School	☐ Care of Special-Needs Children
	☐ Others: Identify _____

Type Preferred:

Private for profit (proprietary) _____ With chain, franchise no _____ yes _____
 Community-Sponsored _____
 Church-Sponsored _____
 Employer-Sponsored _____: Identify Employer _____
 Parent-Sponsored _____ on _____ off _____ College-University Campus
 If on campus, identify _____
 College-University Sponsored by what Department, School, or Program:
 Identify _____
 Sponsored by School District _____ Identify _____

ELIGIBILITY OF CHILDREN	FOLLOWUP
☐ Toilet Trained (Yes or No)	Followup 1 by _____
☐ Learning Disabled	Followup 2 by _____
☐ Speak English	Followup 3 by _____
Family	Date of Followup 1 _____ 2 _____ 3 _____
☐ Parent Employed	_____
☐ Parents in School	_____
☐ Receiving AFDC	_____
☐ Special-Needs Family	_____
☐ Income Eligible	_____
Other: Specify _____	

Funding and Subsidies		
☐ Fixed Fee	☐ Sliding Fee	☐ Scholarships
☐ Title XX	☐ Head Start	☐ AFDC, Welfare
☐ DYFUS	☐ Sibling Reductions	☐ Free
☐ Other: Identify _____		

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MEDICAL

2

CHILD CARE CLEARINGHOUSE

INFORMATION & REFERRAL SERVICES OF
MIDDLESEX COUNTY

INTAKE SHEET.

MD: Medical

Running Identification Number _____
(Enter on Each Separate Sheet)

Service	At-risk infant, Child development Developmental Evaluation: Behavioral, psychological Educational Hearing Neurological Physical Speech & Language Other (describe below)	PAYMENT FOR SERVICE
General _____	_____	Fee: fixed _____
Specialty: _____	_____	If fees, _____
Allergy & immunology _____	_____	accept check _____
Burn _____	_____	Medicare _____
Cardiology _____	_____	Medicaid _____
Dental (DDS) _____	_____	Member prepayment (H) _____
Dermatology _____	_____	credit cards _____
Diabetes _____	_____	Third-party, eg, BS-E _____
Endocrinology _____	_____	Fee: sliding _____
Family Practice _____	_____	Fee waiver, _____
Gastroenterology _____	_____	other (describe) _____
Gynecology _____	Family crisis intervention _____	
Hematology _____	Nutrition-eating counseling _____	
Infectious Diseases _____	Prevention: _____	
Neonatology _____	Alcohol abuse _____	
Neurology _____	Eating, food abuse _____	
Obstetrics _____	Drug abuse _____	
Neonatology _____	Smoking _____	
Ophthalmology _____	Pregnancy _____	
Orthopedic _____	Other (describe below) _____	
Otorhinolaryngology _____	_____	
Psychiatry _____	Physical, occupational, rehabilitation therapy _____	
Pulmonary _____	Psychotherapy: psychologist _____	
Radiology _____	social worker _____	
Sleep _____	other (describe) _____	
Sports medicine _____	_____	
Other, nonsurgical _____	Other (describe below) _____	
_____	_____	
_____	_____	
Surgery	Followup 1 by _____	
General Pediatric _____	Followup 2 by _____	
Abdominal _____	Followup 3 by _____	
Cardiovascular _____	Date of Followup 1 _____ 2 _____ 3 _____	
Colon & rectal _____	_____	
Ear, nose, & throat _____	_____	
Hand _____	_____	
Head & neck _____	_____	
Ophthalmologic _____	_____	
Oral _____	_____	
Orthopedic _____	_____	
Plastic & reconstructive _____	_____	
Thoracic _____	_____	
Urological _____	_____	
Vascular _____	_____	
Other, surgical (describe) _____	_____	

DENTAL

3

CHILD CARE CLEARINGHOUSE

INFORMATION & REFERRAL SERVICES OF
PROVIDENCE COUNTY

INTAKE SHEET:

DNT: Dental

Running Identification Number _____
(Enter on Each Separate Sheet)

DATA SHEET FOR DENTAL CARE

Specialty Needed:

Children

General	___	___
Family	___	___
Pedodontics	___	___
Endodontics	___	___
Oral, maxillofacial surgery	___	___
Orthodontics	___	___
Periodontics	___	___
Prosthodontics	___	___
Cosmetic	___	___
Chronic-Facial Pain	___	___
Other (describe)	___	___
_____	___	___
_____	___	___

EMERGENCY SERVICES

Day	24 hr. or	am to	pm
Monday	___	___	___
Tuesday	___	___	___
Wednesday	___	___	___
Thursday	___	___	___
Friday	___	___	___
Saturday	___	___	___
Sunday	___	___	___

PAYMENT FOR SERVICES

Fee: fixed _____	Fee: sliding _____	Fee waiver, eg, indigent _____
If fees, accept check _____	credit cards _____	other (describe) _____
Medicaid _____	Medicare _____	Third-party, eg, BS-BC _____
Member prepayment (HMOs) _____	Other (describe) _____	_____
Other (describe) _____	_____	_____

Followup 1: _____

Followup 2: _____

Followup 3: _____

Date of Followup 1 _____ 2 _____ 3 _____

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PSYCH., SOCIAL

4

CHILD CARE CLEARINGHOUSE

INFORMATION & REFERRAL SERVICES OF
HIDUSEX COUNTY

INTAKE SHEET: PSY: Psychological Running Identification Number _____
 DATA SHEET FOR PSYCHOLOGICAL, SOCIAL WORK (Enter on Each Separat. Sheet)

Early Help
Prevention
Awareness

Diagnosis
Assessment
Evaluation

Therap.
Remediation
Modification

Childhood, Adolescence

General
More specific

Eating

Overweight

Bulimia

Anorexia

Food "perversions"

Food aversions

Other (describe)

Sleep disturbances

Lying

Tantrums

Aggression against persons

Destructiveness

Obstinacy, defiance

Delinquency

Abuse of

Alcohol

Other substances

Tobacco, smoking, etc.

Shyness, withdrawal

Depression

Suicide

Truancy

Premature withdrawal
from schoolReactions to parent
separation, divorce

Stress and anxiety

Self-esteem

Fears, phobias

Response to neglect

Response to

psychological abuse

Response to physical abuse

Response to sexual abuse

Pregnancy, abortion

Running away

Rejection of parent

culture, religion,

values

Severe behavioral,

psychological disorders

Other (describe)

Followup 1: _____

Followup 2: _____

Followup 3: _____

Follow-up Dates 1 — 2 — 3 —

Developmental lag in
early childhood
General including learning
disabilities
More specific
Speech/language
Gross/fine motor skills
Social behavior
Self-help behavior
Other (describe)

Behavior Problems
in Early Childhood

General

Eating

Toileting

Enuresis

Sleep disturbances

Tantrums

Lying

Aggression against persons

Destructiveness

Obstinacy, defiance

Thumb-sucking

Object attachments

Rocking, headbanging

Toothgrinding, clenching

Fears, phobias

Shyness, withdrawal

Death and dying

Parental learning

temporarily

Parent separation—

divorce reactions

Response to neglect

Response to physical abuse

Response to

psychological abuse

Response to sexual abuse

Other (describe)

Educational and cognitive—
intellectual development—
achievement in later
childhood, adolescence

General including broad
cognitive-intellectual
and learning disabilities

More specific

Reading

Handwriting

Arithmetic (Grades 1-7)

Mathematics (e.g., algebra,

algebra, geometry, etc.)

Spelling

Social studies

Biological sciences

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SPEECH

5

CHILD CARE CLEARINGHOUSE

INFORMATION & REFERRAL SERVICES OF
MIDDLESEX COUNTY

INTAKE SHEET: S-P: Speech, Hearing

Running Identification Number _____
(Enter on Each Separate Sheet)

SPEECH AND LANGUAGE SERVICES

Early Help
Prevention,
AwarenessDiagnosis
Assessment
EvaluationTherap.
Remediation
ModificationBehavioral,
Psychological
ProblemDevelopmental lag in
early childhoodGeneral including learning
disabilities

More specific

Speech/language

Gross/fine motor skills

Social behavior

Self-help behavior

Other (describe)

Behavioral,
Psychological
ProblemEducational and cognitive-
intellectual development-
achievement in later
childhood, adolescenceGeneral including broad
cognitive-intellectual
and learning disabilities

More specific

Reading

Handwriting

Arithmetic (Grades 1-7)

Mathematics (pre-algebra,
algebra, geometry, etc.)

Spelling

Social studies

Biological sciences

Physical sciences

Writing (composition)

Speech:

Stuttering

Other

Other (describe)

Date of Followup 1 _____ 2 _____ 3 _____

Followup 1 by _____

Followup 2 by _____

Followup 3 by _____

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EDUCATIONAL

6

CHILD CARE CLEARINGHOUSE

INFORMATION & REFERRAL SERVICES OF
MIDDLESEX COUNTYINTAKE SHEET: ED: Educational
guidance, counselingRunning Identification Number _____
(Enter on Each Separate Sheet)

EDUCATIONAL CONSULTANTS

Early Help
Prevention,
AwarenessDiagnosis
Assessment
EvaluationTherapy
Remediation
Modification

Developmental lag in
early childhood
General including learning
difficulties _____
More specific _____
Speech/language _____
Gross/fine motor skills _____
Social behavior _____
Self-help behavior _____
Other describe: _____

Behavior problems
in Early Childhood
General _____
Eating _____
Toileting _____
Enuresis _____
Sleep disturbances _____
Tantrums _____
Aggression against persons _____
Destructiveness _____
Delinquency, delience _____
Thumb-sucking _____
Object attachments _____
Rocking, headbanging _____
Toothgrinding, clenching _____
Fears, phobias _____
Shyness, withdrawal _____
Death and dying _____
Parental feeling _____
temporarily _____
Parent separation-
divorce reactions _____
Response to neglect _____
Response to physical abuse _____
Response to _____
psychological abuse _____
Response to sexual abuse _____
Other describe: _____

Educational and cognitive-
intellectual development-
achievement in later
childhood, adolescence
General including broad
cognitive-intellectual
and learning disabilities _____
More specific _____
Reading _____
Handwriting _____
Arithmetic/Grades 1-7 _____
Mathematics/algebra,
algebra, geometry, etc) _____
Spelling _____
Social studies _____
Biological sciences _____
Physical sciences _____

Childhood, Adolescence

General _____
More specific _____
Eating _____
Overweight _____
Bulimia _____
Anorexia _____
Food "perversions" _____
Food aversions _____
Other describe: _____

Sleep disturbances _____
Lying _____
Tantrums _____
Aggression against persons _____
Destructiveness _____
Delinquency, delience _____
Delinquency _____
Abuse of _____
Alcohol _____
Other substances _____
Tobacco/smoking, etc) _____
Shyness, withdrawal _____
Depression _____
Suicide _____
Truancy _____
Premature withdrawal
from school _____
Reactions to parent
separation, divorce _____
Stress and anxiety _____
Self-esteem _____
Fears, phobias _____
Response to neglect _____
Response to _____
psychological abuse _____
Response to physical abuse _____
Response to sexual abuse _____
Precocious sexuality _____
Pregnancy, abortion _____
Running away _____
Rejection of parent
culture, religion,
values _____
Severe behavioral,
psychological disorders _____
Other describe: _____

Educational, career
guidance, counseling _____
Elementary grades _____
For high school entry _____
Secondary grades _____
For post-secondary
education, employment _____

Followup 1: _____

Date _____

Followup 2: _____

Date _____

Followup 3: _____

Date _____

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CAMP

7

CHILD CARE CLEARINGHOUSE

INFORMATION & REFERRAL SERVICES OF
HOCKESSY COUNTY
 INTAKE SHEET: SC: Summer Camp Running Identification Number _____
 (Enter on Each Separat. Sheet)

 Day _____ Residential _____ Day and residential _____
 If day or day and residential, entire day only _____
 half day, too _____

 Nature of program: general, comprehensive _____
 (See requirements, special emphasis, eg. soccer _____
 limitations) special clientele, eg. overweight _____

ACTIVITIES-PROGRAMS

SPORTS, GAMES	ARTS AND CRAFTS	TRIPS
Swimming _____	Facility-program _____	Theater _____
Diving _____	Graphic arts: drawing, _____	Concerts _____
Water polo _____	watercolors, etc _____	Opera _____
Scuba diving _____	Sculpture _____	Museums _____
Water skiing _____	Ceramics _____	Zoos, aquariums _____
Boating, canoeing _____	Woodworking _____	Other (describe) _____
Sailing _____	Metalworking _____	_____
Windsurfing _____	Photography: still _____	_____
Tennis _____	Photography: movie, _____	_____
Racquetball _____	video _____	_____
Paddleball _____	Other art (describe) _____	PERSONAL DEVELOPMENT
Table tennis _____	_____	Facility-program _____
Golf _____	_____	Weight reduction _____
Miniature golf _____	MUSIC: instruments _____	Other eating problems _____
Soccer _____	MUSIC: vocal _____	Survival _____
Field hockey _____	Other more specific _____	First aid _____
Volleyball _____	MUSIC: describe _____	Life-saving _____
Baseball _____	_____	Self-defense: karate, _____
Softball, tee-ball _____	Theater-dramatics _____	etc. _____
Basketball _____	Other more specific _____	Nature study: birds, _____
Gymnastics _____	theater-dramatics _____	etc. _____
Archery _____	(describe) _____	Backpacking, camping _____
Pool, billiards _____	_____	Cooking-baking _____
Riding _____	Dance _____	Social dancing _____
Bicycling _____	Other more specific _____	Ethnic culture, _____
Marksmanship: rifle _____	Dance: describe _____	awareness (describe) _____
Shotgun _____	_____	Religious awareness _____
Chess _____	Creative writing _____	Other (describe) _____
Other (describe) _____	Other writing (describe) _____	_____
_____	_____	_____
_____	_____	_____
EDUCATIONAL	_____	_____
Facility-program _____	_____	_____
Computer _____	_____	_____
Electronics: hobbies _____	_____	_____
Remedial elementary _____	_____	_____
school math _____	_____	_____
Remedial secondary _____	_____	_____
school math _____	_____	_____
Other math (describe) _____	_____	_____
_____	_____	_____
Elementary school _____	_____	_____
science _____	_____	_____
Secondary school _____	_____	_____
science _____	_____	_____
Math: see also _____	_____	_____
Other more specific _____	_____	_____
science (describe) _____	_____	_____
_____	_____	_____
Modern foreign _____	_____	_____
language _____	_____	_____
Study skills _____	_____	_____
_____	_____	_____

Date of Followup 1 _____ 2 _____ 3 _____

Followup 1 by _____

Followup 2 by _____

Followup 3 by _____

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APPENDIX H
LOGO / LETTERHEAD FOR
CHILD CARE CLEARINGHOUSE
OF MIDDLESEX COUNTY



INFORMATION AND REFERRAL SERVICE OF
MIDDLESEX COUNTY

APPENDIX I

CHILD CARE CLEARINGHOUSE
ANNOUNCEMENT / ADVERTISEMENT

CHILD CARE CLEARINGHOUSE

THE STATE UNIVERSITY OF NEW JERSEY

RUTGERS

INFORMATION AND REFERRAL SERVICE OF
MIDDLESEX COUNTY

ARE YOU THE PARENT OF A
YOUNG CHILD ?

WE CAN HELP YOU LOCATE
THE FOLLOWING SERVICES
FOR YOUR CHILD :

CHILD CARE
MEDICAL
DENTAL
PSYCHOLOGICAL
SPEECH/HEARING
SUMMER CAMP
EDUCATIONAL
SPECIAL PROGRAMS

FOR FREE INFORMATION AND
REFERRAL SERVICES CALL :

932-8550

APPENDIX J
ANNOUNCEMENT OF
CHILD CARE CLEARINGHOUSE
IN
REPRESENTATIVE JIM COURTER'S NEWSLETTER
SEPTEMBER 1985



Tax Reform

Recently President Reagan announced an updated version of his proposal to overhaul the existing tax code. The measure

Dear Friend:

I welcome and enjoy the many letters I receive from the residents of the 12th district and the State of New Jersey. While I make every effort to respond to the large volume of mail in a timely manner, there are ways you can help make the process run smoothly. First, please make sure your name and address appear clearly in the letter. Often the name and address are illegible, making a letter impossible to answer.

When writing on a personal problem you are having with a government agency, please provide as much information as possible. Please include all relevant ID numbers (i.e. social security number, alien registration number etc.) and the signature of the person requesting assistance. The signature is needed to comply with the Federal Privacy Act, which prohibits access to personal records by unauthorized individuals.

I hope you find this newsletter interesting, and as always, I welcome your comments on all subjects.

Sincerely,

Jim Courter
JIM COURTER
Member of Congress

WHAT'S INSIDE . . .

- Terrorism page 2
- Fringe Benefits page 2
- African Famine Relief page 3
- Ration Tax page 4

would collapse the 14 existing tax brackets into a simple 3-bracket system—with rates of 15, 25, and 35%. The proposal serves as a starting point for hearings and debate in the House and Senate tax-writing committees.

The Administration's plan should be applauded for its overarching goals: fairness, growth and simplicity. The proposals would remove the working poor from the federal tax rolls by increasing personal exemptions and raising and indexing the earned income tax credit. The tax system should not be an additional burden to those who are struggling to escape from poverty.

Elimination of those special tax breaks enjoyed by relatively few is another aim of this proposal. A simpler tax code will encourage voluntary compliance while ensuring a more evenhanded treatment of corporations and individuals.

Finally, it is vitally important that any

major tax reform should foster economic growth by encouraging work, saving, and investment; rewarding risk-taking from which there is general benefit; and allowing resources to be allocated efficiently on the basis of economic rather than tax considerations. Reductions in marginal tax rates will increase incentives for investment and innovation on the part of individual taxpayers.

On the business side, the President's tax plan would encourage efficiency and productivity while ensuring that all corporations pay their fair share of taxes. Incentives for growth would include a reduction in the maximum corporate tax rate from the current 46% to 35% (the corporate rate would be graduated to foster small businesses), a new corporate dividend deduction, and a reduction in the maximum capital gains tax to encourage venture capital and job creation.

Important Numbers in the 12th district

CHILD CARE CLEARINGHOUSE

Provides free information
and referral services in
Middlesex County.

201-432-6650

NEW JERSEY POISON CONTROL CENTER

Provides emergency information
in case of accidental poisoning.

1-800-962-1253

At a . . .
ter pointed out that "It is unjust that an individual's career goals can be shattered because a device which lacks scientific accuracy determined that he is not being honest." He also noted that taxpayers are often used to intimate comparisons with political or union leaders. He noted that

Prior failures in the regulation of hazardous waste disposal are the root cause of this crisis. As this issue is debated in the full Rep. Courter will support a strengthened and expanded Superfund in order that the long overdue cleanup

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